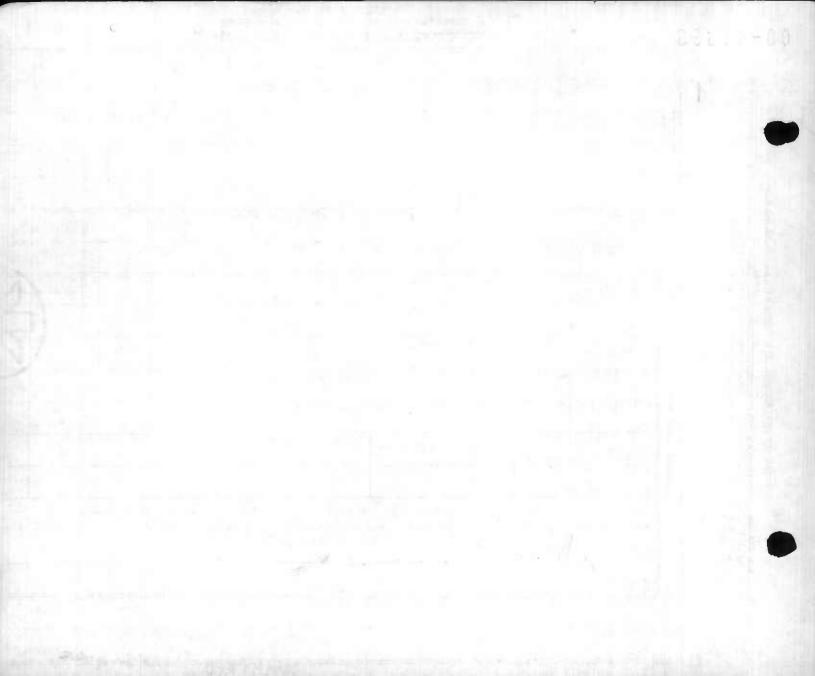
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 2a DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-DELAY IS NECESSARY, PLEASE
TO THE FUNERAL DIRECTOR.
A PAGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS
OS, 201 W. PRESTON STREELS. DEATH MATED FT.T.TAH HARVIN 3 25 19 86 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE DAY LAST BIRTHDAY 7:33 Pm PRONOUNCED 23 1925 male black 60 DEAD 19 86 YRS 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED X Baltimore County DIVORCED I CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS STEET STRY 2, AND 3 TO T 3. RETAIN PA 2 SHOULD BE F 5515 Rhom Rd. Woodlawn RETIRED USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a. STATE 13c. CITY OR TOWN 13e STREET ADDRESS 1136 COUNT 13d. INSIDE CITY LIMITS? 21207 Woodlawn YEST 3515 Rhom Road NO TY 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Frank Ellen. Harvin Nelson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT ADDRESS LYES NO OR UNKNOWNI LIF YES GIVE WAR OR DATEST 3515 Rhom Road Rosa Harvin Korean 249-32-0762 Yes CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate BURIAL - TR cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 CERTIFICATION USED 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED
AFIER DATH, WINT HE STATE DEPARTMENT OF HE
BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.] STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes X death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** DATE SIGNED. SIGNATURE Assistant MEDICAL EXAMINER 3-26-86 EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., 21201 MD (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 4/1/85 Woodlawn Cemetery Burial Balto Md 07/84 BP 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) William C. March F/H West 4300 Wabash Avenue 1950



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AL DIRECTOR OF THE TOTAL OF THE		22b. SIGNATURE	Khu.	Tan	m	DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN [3/2	5/86
DORTAN		22d. PHYSICIAN'S NAME AT	Bonnes	r, TR. 1	m	Sorine 1	Sove His	OTTA I	Carmshu	o mol.
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O HOSPITAL etained by 1 TO FUNERAL should be der with the State		JOH	J. Graninii	Co. Uni		6805	YORK RD); BA	hT.	HD	

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE 3/15/86 Burial

23t. NAME OF CEMETERY OR CREMATORY Gardens of Faith

Baltimore, Md.

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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oge 4 mo	3. SI	Male	White	June 8, 1896	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	# UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
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hospitol or inRECTOR: A thed for use ept. of Heal I hem 21 is m	Ŀ	22a.1 certify that (1) (this hospite sow the deceased object on above(() (we) (did)((did not) 22b SIGNATURE	0	, and that in (my) (our) opinion DEGREE	deoth occurred on the dote and ho	19, that (I) (we) lost ur and from the causes stated 27c DATE SIGNED
OSPITAL O	-	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	ATTENDING PHYSICIAN 276. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/28/86
TO HOSPITA retained by TO FUNERs should be d with the Sto	23a.	KKASS CA- BURIAL, CREMATION, REMOVAL		1405 Freder	23d LOCATION	sulle mul
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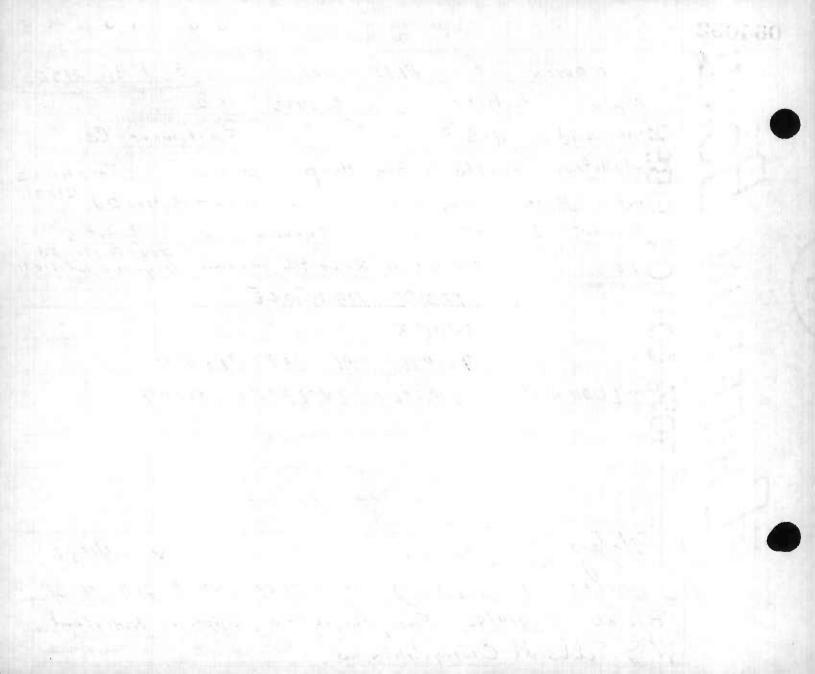
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DUE TO, OR AS A CO	CONSEQUENCE OF)		
196 CONDITION FO	OR WHICH OPERATION	N WAS PERFO	Me AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
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(AT HOME, STREET, FACTO		STREET	CITY OR TOWN	N COUNTY STATE
	ath. , and	DEGREE		22c. DATE SIGNED
owalewski	ul-	27. ADDRESS 8604 Ha:	rford Road 21:	
23h. DATE 4/3/86	23c. NAME OF CE	EMETERY OR CREMATOR	Y 234 LOCATION	
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y be	death		CEASED NAME OR PRINTS CAT	inett	ANNETTI C	V.	H	AST HELLER Eller	20 DATE OF DEATH	3 23	VEAR SG	26. HOUR #
É	or. po	3. SE		4	RACE		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY] IF U	INDER I YEAR	IF UNDER 24 HRS
5	9.0		male		White		Dec.	10, 1922	63	YRS.		
	38 7		RTHPLACE (STATE OR F COUNTRY) Lryland	OREIGN 7b	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED D	Por Lin	ODE COUNTY OF	DEATH	41/
1	8		TY OR TOWN OF DEA	TH 1				OR OTHER INSTITUTION	17a USUAL OCCUPAT	C	12h KIND OF	BUSINESS OR
1	190	-	owson	<		CHEACILITY, GIVE STREET		Spice	Beauticia	OF WORKING LIFE)	INDUSTRY	by sin Loss on
~	345	13a S		13b COUNT	Υ	134. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			1000
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P P	d sole		rry		r.	Wilso		Pauline			Dixo	n
Je -	Pages		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
Ü .	ers. Pag	No				215-12-4	432	Ben Heller	- Same as #	13e		2000
that the death certificate	d by the offending physical bease remove carbongap incl. cremation, or removo or other froumatic event,		Conditions, if any, gove rise to imm cause (0), statin underlying couse	which nediate g the lost	CAUSE (a) DUE TO, (b) DUE TO, (c)	DR AS A CONSEQUE	ENCE OF	awer				
ednires	Then pl	NO O	PART 2 OTHER SIGN	NIFICANT CO	nditions <u>c</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	ndition given	IN PART 110	
on.	t permit.	CERTIFICATION	190. DATE OF OPERAT	NOI	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WIN CERTIFYIN		
SICIAN: T	urial-transit per tental Hygiene i tem 18 shows		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	ury in Item IB Part	I OR PART 2}	
IG PHYS	os the bur ith and Me orked of h	MEDICAL	716 INJURY OCCURE			OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC	211 LOCATION STREET	CHTY OR TO	OWN	COUNTY	STATE
Spirol or	for use a for use a of Health		220 1 certify that (1) sow the decease above, (1) we had				86.0	nd that in (my) Our opinion	death occurred on the c	19. Sate and hour or	od from the c	hat (I) wellast couses stated
	AL DIRECT detached detached to the Dept.		27b. SIGNATURE	Fou	elle	uein	MC	ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR ₽ PHYSI		22c. DATE S	IGNED
OSPIT ed by	AA		276. PHYSICIAN'S NA					27e ADDRESS Stell	a Maris Hos	pice		
O e	old b		Ker	ndall	R. Fau	lkner, M.	D.	2300 Dulaney			on MI	21204

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 24 FUNERAL DIRECTOR ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

236 DATE

3-26-86

Dulaney Valley

23c NAME OF CEMETERY OR CREMATORY

Cockeysville,

23d LOCATION

Balto. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERTI	TCATE OF DEATH	REG. NO).		
		EASED NAME FIRST OR PRINT) Henriet ENNICHTA	ta W.	HEN	nnegan NEGAN	26. DATE OF DEATH	3/10	18C	5 50 M
	3. SEX	Female	4. RACE White	5 DATE O		6 AGE IN YEARS LAST BIRT	YRS		IF UNDER 24 HRS
5		RTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT CO	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City O	-		MD.
N. Y	-	TY OR TOWN OF DEATH	Stella Mari			TYPE OF WORK FOR MOST OF HOMEMAKET	WORKING LIFE)	2b. KIND C NDUSTRY	F BUSINESS OR
5	130 S Ma	ryland B		OR TOWN	YES NO NO	13e STREET ADDRESS / 216 Gaywoo		Be 1+0	o, md.
5	14 FA	John	LTon	₩îlson	15. MOTHER'S MAIDEN NAME France:		to	Mac	cubbin
		AS DECEASED EVER IN U.S. , ES, NO OR UNKNOWN)		26-2651 A	Joseph E. He	ennegan 15	24 Norma		e. 21093 le, Md.
	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART 11	a
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	ERE FINDING CAUSES	OF DEATH?
3	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFTHER NOTIFY MEDICAL EXAMIT 210. INJURY OCCURRED WHILE AT WORK		19 Y	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE
		22a I certify that (I) (this har saw the deceased alive abave, (I) (we) (did) (did 22b. SIGNATURE	Fauller	19, ar	nd that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN	death accurred on the do	F		
		DR KEND	_	KNEL.	22e ADDRESS				
		URIAL, CREMATION, REMOV.	3/13/86	Dulaney	Valley	23d LOCATION CITY OF TOWN Cockeys	ville 'i	Balto	. Mã.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached MPORTANT IF HE

24 FUNERAL DIRECTOR
Mitchell-Wiedefeld

6500 York Rd.

Balto, Mc 21212

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Cockeysville

Balto. Md.

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STATE OF MARYLAND										
DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIEN					
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REG. N	10.					
ATE OF DEATH	MONTH	DAY	YEAR	21-	HOLLB	

			FOR			E OF MARYLAND EALTH AND MENTAL I	TYGIENE 8 6	06948
00-01	69	21-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.
be of the second			CEASED NAME FIRST Hele	n Aldene		shaw	20 DATE OF DEATH March 3	0, 1986 2b. HOUR 6:15 N
ge 4 may ector po		3. SE	Female	4. RACE White	5. DATE (DE BIRTH 24 25	6. AGE LINYEARS LAST BIR	MONTHS DAYS HOURS MIN.
leoth. Po merol dir	75		RTHPLACE (STATE ORFOREIGN BUNTRY) ennsylvania	76. CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE WIDOW	NEVER MARRIED ED DIVORCED	Baltimore City of Baltimore	e County MD
so after o	norMied		ty or town of DEATH Eastwood		LL, NURSING HOME (, GIVE STREET ADDRESS)		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
22 hou	ag S	130 g	TATE , 1136 COL	OR OTHER INSTITUTION GIVE RESID UNITY 130 CUT Ctimore	DENCE BEFORE ADMISSION) Y OR TOWN AS AWOOD	13d. INSIDE CITY LIMITS YES NO XX	c 7058 East	brook Avenue 21224
ted within	exomine 3	14 F/	John.		dwin	15. MOTHER'S MAIDEN	WIDDIE	McGlumphy
be execut	medicol			SIVE WAR OR DATEST	9-22-9013	Edward (.	Henshaw 7058	Eastbrook Ave. 2122
rtificate I physicie anovol.	event, the		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUSED)	anly one couse per line far i SED BY: ATE CAUSE (a) card	iol, (b), and (c) iorespirat	ory arrest	jeren e	BETWEEN ONSET AND DEATH
ne death cer ne offending emove carbo mation, or re	oumofic 6		Conditions, if any, which	DUE TO, OR AS A C	onsequence of Ty metasta	tic breast	cancer	2½ years
that the d by the ease rem al, crema	or other to		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C	CONSEQUENCE OF			
quires signe hen pl	njury, o	N C	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED TO THE T	erminal disease or con	DITION GIVEN IN PART I (a)
he law re on. has been t permit. I	no soud g	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
A 4 7 1 9	frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E LIF EITHER. NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MC		21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART?)
offending offer this cer as the burio	rked or t	MEDICAL	21d INJURY OCCURRED WHITE NOT WHILE AT WORK	21e PLACE OF INJU	RY DRY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
TTENDIN spitol or CTOR: Af for use of of Health	21 is mo		22a I certify that (I) (this has saw the deceased alive above (I) (we) (did) (hid	march 18	19 86 0			. 19 that (1) (we) last ate and haur and from the causes stated
	II: If Item		22b. SIGNATURE	H. Karl			G MEDICAL STA	
TO HOSPITAL erained by th TO FUNERAL should be deto	MPORTANT		Scott H. Ka	ufmann, M.D.		22e ADDRESS 600 N. Wol	fe Street, Ba	Itimore, Maryland
BP	<u> </u>		BURIAL, CREMATION, REMOVA SPECIFY) Burial	4-1-86	Oak L	emetery or cremato	RY 23d LOCATION CITY OF TOWN	Balto O. Md. STATE
DHMH - 16 60M (VRA 15, 4)			uneral director rarles S. Zeile	r & Son Inc.	6224 Easz		MAR 3 1 1986	256 REGISTRAR'S SIGNATARINGER

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

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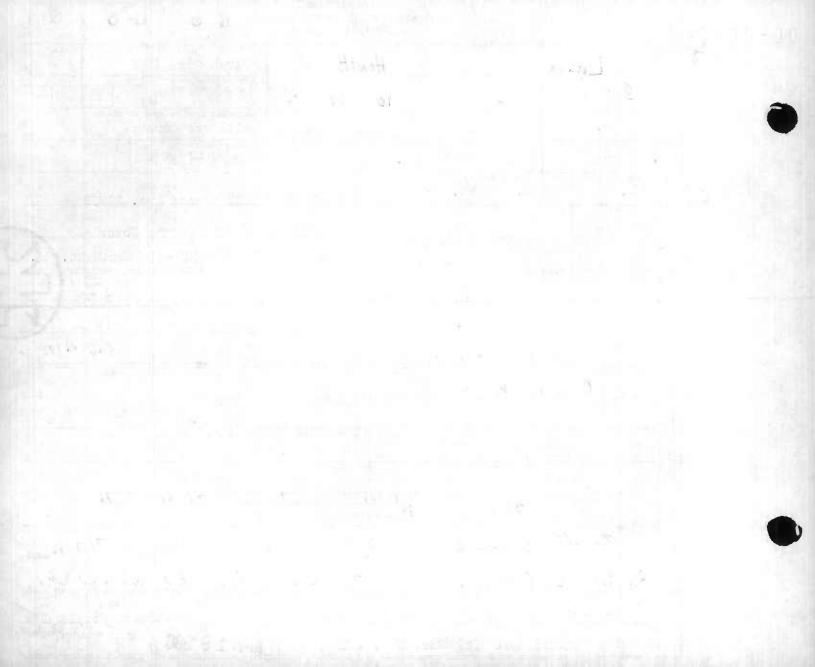
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(VRA 15, 4)

F. Lassahn Funeral Home

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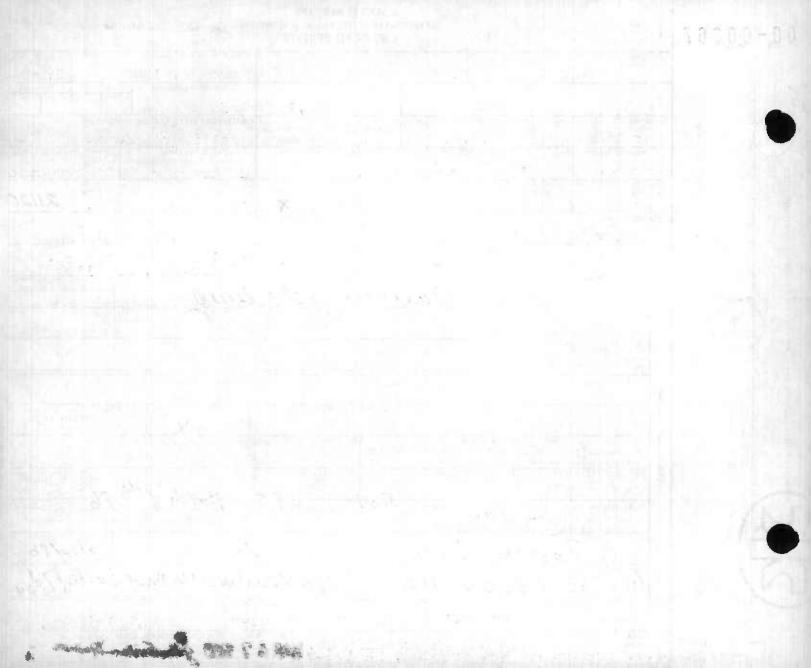


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		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 6 7 5 3								
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		1. DECEASED NA	ME FIRST		MIDDLE	L	AST .	20. DATE OF DEATH		YEAR 2b. HOUR
	moy be page 3 er death	(TYPE OR PRINT)	Char1	es	R.	Hi	11	March 6	. 1986	5:00Am
1	moy pag	3. SEX	X		4. RACE		F BIRTH	6. AGE IN YEARS LAST B	IRTHDAY) IF UNDER	I YEAR IF UNDER 24 HRS
P	ge 4	Male	Male		White		ober 26, 1927	58	YRS.	DAYS HOURS MIN.
	Pod in Poor		BIRTHPLACE STATE OF FOREIGN		76. CITIZEN OF WHAT COUNTRY?		₩ NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
	leath 172	Maryland		U.S.A.		WIDOWED DIVORCED		Baltimore County MD.		
	with with	10. CITY OR TOV). CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	12g. USUAL OCCUPA	TION 12b. F	CIND OF BUSINESS OR
102	fled th		Parkton		arsonag	e Rd		Contract		nstruction
21201	hou day	USUAL RESIDEN 130. STATE	CE (IF NURSING HOME C	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS			130. STREET ADDRESS			
ANE	n 24 hould hould	Maryla		timore	Parkto	n	YES NO		csonageRd	1. 21120
MARYLA	Sin Age	14. FATHER'S NA		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST
X	omple omple	Feli		Reid	Hill		Pear1	Mae		11an
BALTIMORE	Poges	YES, NO OR UN		RMED FORCES? IVE WAR OR DATES) WWII	220-20-		Betty J. H	ill 1748	Parsonacton, MD 2	ge Rd. 21120
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the dentition becomed by the hospital or otherding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by it cuterding dysicial should be detacked for use as the buriol-transit permit. Then please more cash in oper with the state Dept. of Health and Memal Hygeree prior to buriol, cramping in mayoul. MAPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the	Condition gove ris couse (underlyin PART 2 O 19a DATE (19a DAT	S, if ony, which to immediate to immediate to immediate to immediate to immediate to immediate the state of t	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. ER) 21a PLACE (Al HOME STI	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OF	NCE OF NCE OF NCE OF DEATH BUT OPERATION Y YEAR 19 ARM, ETC.)	22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	NDITION GIVEN IN P. 20b. IF YES, WERE IN CERTIFYING C. YES URY IN ITEM 18. PART 1 OR P OWN COUNT TO THE TO THE TEM 19. PART 1 OR P OWN COUNT TO THE TEM 19. PART 1 OR P OWN COUNT TO THE TEM 19. PART 1 OR P OWN COUNT TO THE TEM 19. PART 1 OR P OWN COUNT TO THE TEM 19. PART 1 OR P OWN COUNT TO THE TEM 19. PART 1 OR P OWN COUNT TO THE TEM 19. PART 1 OR P OWN TO THE TEM 19	FINDINGS USED AUSES OF DEATH? NO ART?) ART? STATE 2. that (It (we) last im the couses stoted DATE SIGNED
	or or show	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION								
	BP Burial March8,1986 Pine Grove Cemeter							CITY OF TOWER	ton.Bal+	imore.MD
	DHMH-16 50M 4/82 (VRA 15, 4) 24 FUNERAL DIRECTOR Second a DDA Franklin St. J.J. Hartenstein New Freedom, PA 17349								GNATURE	



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34 100	Ula.	ALRESIDENCE (IF NURS) HATE Tyland	136 COUN Balt	other institution ity imore	13c. CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🖎	130015	ADDRESS Magledt	Rd. 2123	4
11/3	y F	THER'S NAME Urler	В	MIDDLE	Hine	86	15. MOTHER'S MAIDEN I		MDDLE TIS	Kirkďa	11
Popul Commence	16a \	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	220-44-		Chester Ho	obbs 100	ADDRESS 15 Magled	lt Rd. 2	1234
equires the m signed by Then please r to burial, or of	NO	PART 2. OTHER SIGN		онопр	mile 10	De	NOT RELATED TO LE TE	se 4	tula		
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DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	WINERAL DIRECTOR	unen	1 Home	ADDRESS	TO.A	Rd. 10.21236	AR 25	986 PEG	JOHANN SIGN	WE AND

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	1 -	REGISTRAR				CERTIF	ICATE O	DEATH		REG. NO			
1		EASED NAME	FIRST	٨	AIDDIE	1	AST		20. DATE OF I		1000 10	DAY YEAR	26 HOUR
ı	(1100)	GP	orge	Harr	v	носк			March	1	19 1	986	1:47 DM
١	3. SEX			RACE		5. DATE C		84 1.4	6. AGE (IN YE	ARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
ı	1	Male		White		Ser	ot. 2	6, 189	87	10	YRS	MONTHS DAYS	HOURS MIN.
1		THPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVE	R MARRIED	9 BALTIMOR	E CITY OR	COUNTY	OFDEATH	
?	Ba	ilto., Mo	i.	U. S.	A .	WIDOWE		DIVORCED [imore	Cou	nty	MD.
1	0.00	sedale	тн		HOSPITAL, NURSIN H FACILITY, GIVE STREET KLIN SQ				120 USUAL O	FOR MOST OF	WORKING LI	FE) INDUSTRY	eries
2	ISUA IIa	RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BEFOR 13c. CITY OR TOVE Baltime	VN .	13d INSIDE	CITY LIMITS?	32 N.	DDRESS /	ZIP CODE	od Ave	.21224
	14 FA	THER'S NAME	84.1	DD1E	LAST		15. MOTHE	R'S MAIDEN N		MIDDLE	W.L	LAS	
1	/	Jacob	P	•	Hock			?		?		?	
ì		AS DECEASED EVER		ED FORCES?	166 SOCIAL SECT		17 INFOR		timofe				
1	100	No	-		216-18	-6762	Jos	eph A.	Hock-	-32 N	1. L	akewoo	d Ave.
ı		18 CAUSE OF DEATH	H (Enter only	ane cause per	line far (a), (b), or	nd (c)	0.97					APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
١		PART I. DEATH W	IMMEDIATE		Cardio-	pu lmor	nary	Arrest	15-15-				
1		MESS COLLE		DUE TO, OF	R AS A CONSEQU	ENCE OF	7-0					400	
1	6.4	Canditions, if ony,		((b)_	Respira	tory	Fail	ure		Sull	119		
١		gave rise to imm cause (a), stotin	g the	DUE TO, OF	R AS A CONSEQU	ENCE OF							
١		underlying cause	lost.	(c)_	Broncho	pneumo	nia		NIL SW	5.77		6	
١		PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TER	MINAL DISEASE	ORCOND	ITION GIV	EN IN PART 1	g
	TiO.			nentia						34			
	CERTIFICATION	90 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	YES T	NO[]	IN CERTIF	S, WERE FINDIN FYING CAUSES ES (T)	OF DEATH?
i	CERT	210. ACCIDENT WAS UND	ERLYING [21b. TIME O			21¢ HOW	INJURY OCCUI	RRED (ENTERNATE	.0			
ı	759	OR CONTRIBUTING		HOUR A.I	M. MONTH D	AY YEAR							
ı	MEDICAL	21d. INJURY OCCURE		21e PLACE	OF INJURY		211 LOCA						
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1		22a.1 certify that		l) attended the	e deceased from_	March	1 5	19 86	, to Mai	rch_	19	1986	that X (we) last
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		NAME	John I	4. Mor	an, ADD In	c. Fi	ınera	1 Home	TE REC'D. BY RE	GISTRAR Z	Sh REGIST	TRAR'S SIGNAT	URE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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	25 - 27	23e.	BURIAL, CREMATION,	REMOVAL	23b. DATE		. NAME OF	CEMETERY OR CE	REMATORY	23d. LOCATION	N	COUNTY		STATE
	BP		Burial		Mar. 20	1986	Sulpic	ian	Tot a		sville	Bal		Md.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	
	PECEASED NAME FIR		Hollar		March 1, 1986	DAY YEAR 26 HOUR 4:08p N
	sex Semale	4 RACE White	5. DATE OF	BIRTH DAY FEAR 1933	6 AGE (IN YEARS LAST BIRTHDAY) 52 YRS	IF UNDER LYEAR IF UNDER 24 HRS
Ta	BIRTHPLACE (STATE OF FOREK COUNTRY) Pennsylvania		UNTRY? 8	NEVER MARRIED	Baltimore Coun	TY OF DEATH
1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Homemaker	12b. KIND OF BUSINESS OR INDUSTRY
130	OUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION GIVE RESIDE	OR TOWN	34 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
(V _F	FATHER'S NAME FIRST Paul	P. Gu	recki	MOTHER'S MAIDEN NA	MIDDLE H.	Zavistowski
/	WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	-26-0534	mery E. Ho	ADDRESS	Same as 13e
NOIL	Canditions, if any, wh gave rise to immedicause (a), stating underlying cause to PART 2 OTHER SIGNIFIC	DUE TO, OR AS A CONTRIBU	iopulmonary DNSEOUENCE OF Static Brea DNSEOUENCE OF	st Cancer OT RELATED TO THE TERM	WINAL DISEASE OR CONDITION (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 110 YES, WERE FINDINGS USED
CERTIFICATION	190 DATE OF OPERATION	N 196. CONDITION FO	R WHICH OPERATION	WAS PERFORMED		TIFYING CAUSES OF DEATH? YES \(\begin{array}{c ccccccccccccccccccccccccccccccccccc
MEDICAL CER	OR CONTRIBUTING CAUSE (IF ETHMER, NOTIFY MEDICALE: 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this	F OF DEATH HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME STREET, FACTO	NTH DAY YEAR 19 Y RY, OFFICE, FARM, ETC.) ed from FEDYUA	PIL LOCATION STREET	CITY OR TOWN	COUNTY STATE
8	220.1 certify that (1) (thus	s haspital) attended the deceas	ed fram Februa	ry 4 1986	, to March I death accurred on the date o	nd h

(VRA 15, 4)

236 DATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

7922 Wise Avenue

231. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

22e ADDRESS

DEGREE

CITY OR TOWN Baltimore

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY STATE Maryland

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

3/5/1986

Dundalk, Maryland

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to Invident Books

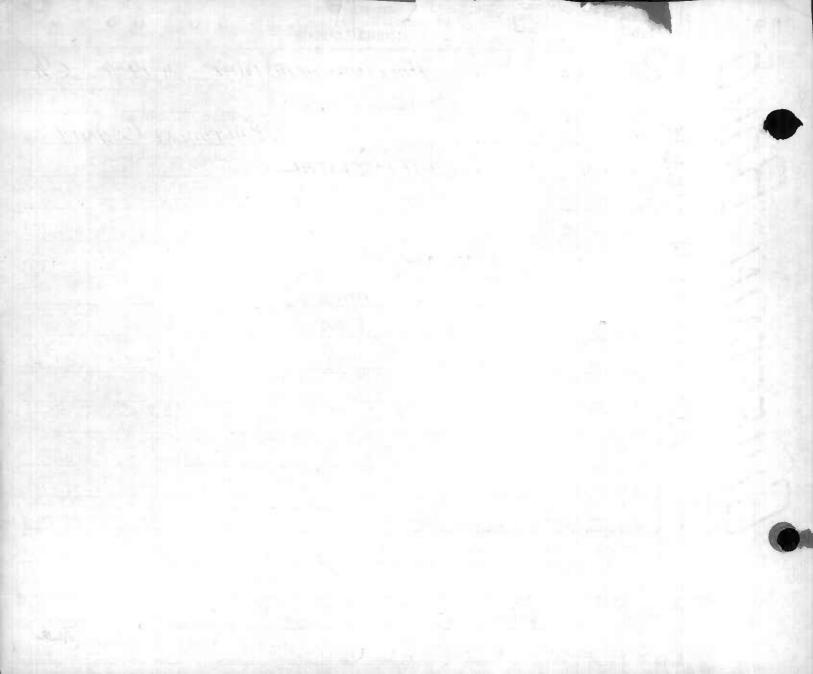
DHMH - 16 60M 7/84

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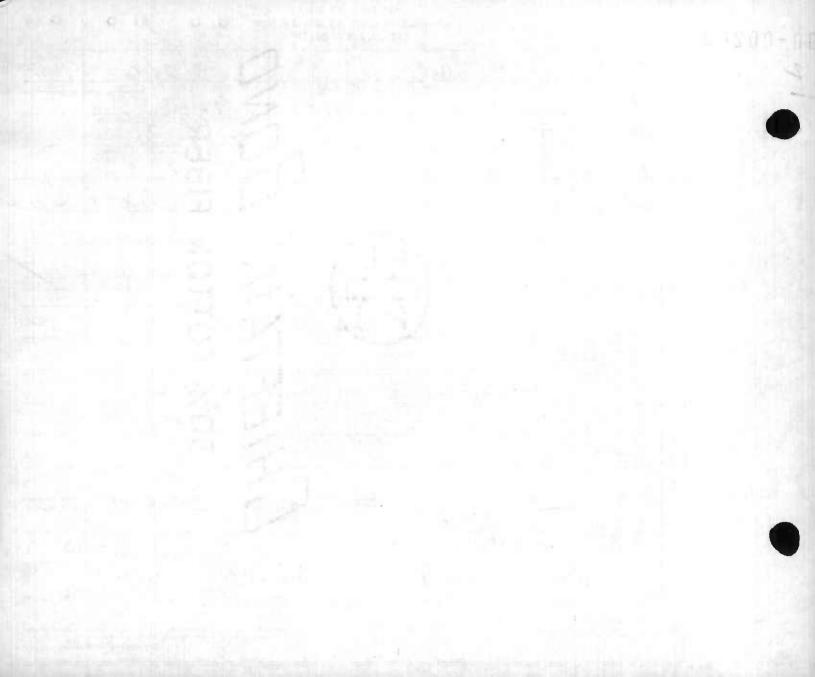
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00 0224	0	- STATE REGISTRA 1/20/90 1c.		CERTIFICATE OF		REG. NO	D.	
oge 3	1, 0	ECEASED NAME FIRST	H.	HOLLING.	SHEAD		34,1986	26 HOUR PA
4 mo)	3 5	Street, British and Transport	4 RACE	5 DATE OF BIRTH OF	3/13/03 YEAR	AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
directe hours o		Male	White	March 24	1,1986	83	YRS.	
Log 2 Par	70.	BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED X NEVEL		BALTIMORE CITY O	R COUNTY OF DEAT	HALTY
thin de	10	Maryland CITY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURS		DIVORCED []	12a USUAL OCCUPATI	ON 12b. KI	MD. ND OF BUSINESS OR
filled by the	3 7	OWSON	ST. JOSEP	H HOSPI	TAL	Painter	F WORKING LIFE) INDUS	inting
filled in	130	ual residence (if nursing home or STATE 136 COUN [aryland Bal	timore Phoen			1805 Ma	zip code ryland Av	2//3/ ve!/3/
Plefely with	14.1	ATHER'S NAME	MIDDLE	15 MOTHE	R'S MAIDEN NAM	E MIDDLE	1	LAST
roed w	1	Isaac	Hollings		Sarah	ADDR	C C	hcock
on and constant of the second control of the	160.			2-5940 Mau			1805 Mai Phoenix	ryland Av
es that the death certificate be executed by the attending physician and captese remove corbonopopers. Pages I unal, cremation, or removal.		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), on BY. TE CAUSE (a)	liac Arre	st.		AF BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
that the death ceral by the attending? Dose remove corbon 2), cremation, or re-		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ	racheal b	leeding far dic	on Pusules	DIC.	is COPD.
equires signed Then pla to buril	Z O	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PAI	RT 1:a
he low re on. hos beer to reior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PER	FORMED	200 AUTOPSY? YES NOW	206. IF YES, WERE FI IN CERTIFYING CAL YES [INDINGS USED USES OF DEATH? NO
SICIAN: TI gg physicic certificate		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM IB PART I OR PAR	ł 2)
G PHYSI offending er this ce	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	211 LOCA	TION	CITY OR TO	wn COUNT	TY STATE
or or or see or			tal) attended the deceased fram	TWEET T	, 19	, to		, that (1) (we) last
Spirtol Spirtol For u		sow the deceased alive on abave, (1) (we) (did) (did na	t) view the body ofter death.		ny) (our) opinion di	eath accurred on the do	ate and have and lean	n the couses stated
AL OR AT the hosp tal DIRECT detoched for ore Dept		22b. SIGNATURE	2 meios	DEGREE M D	ATTENDING	MEDICAL STAI	F	DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL should be detected with the State Elimportant: if	7	274. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDR	. 9	THE PROPERTY OF THE PROPERTY O		
show with	730	BURIAL, CREMATION, REMOVAL	23b. DATE 236	NAME OF CEMETERY O	P C PEMATORY	123d LOCATION		
BP		Burial	March 27,198	B6 Herefor	d Bapti Cemet	st city or town	ford.Balt	timore MD
DHMH - 16 60M 7/84 (VRA 15, 4)		FUNERAL DIRECTOR .J.Hartenstei	Second actores n New Freedom	Franklin S	to MA	REC'D. BY REGISTRAR	A a Javido	NA Rendall



Balto., Md.

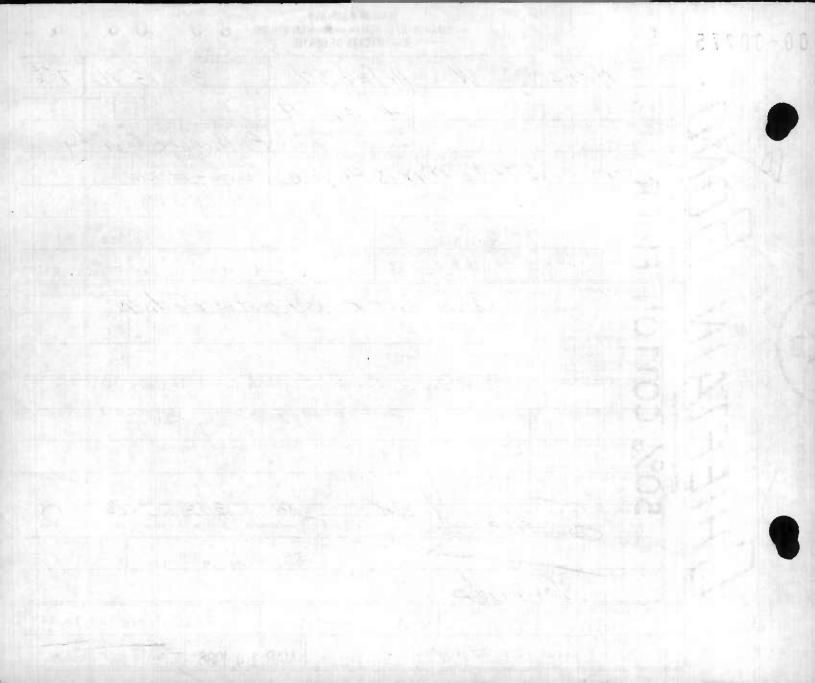
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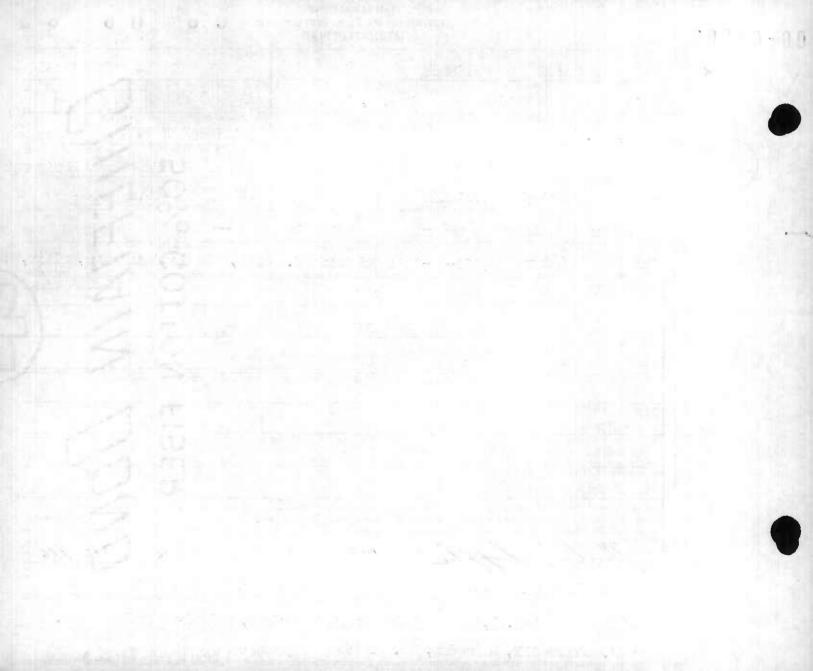
STATE OF MARYLAND



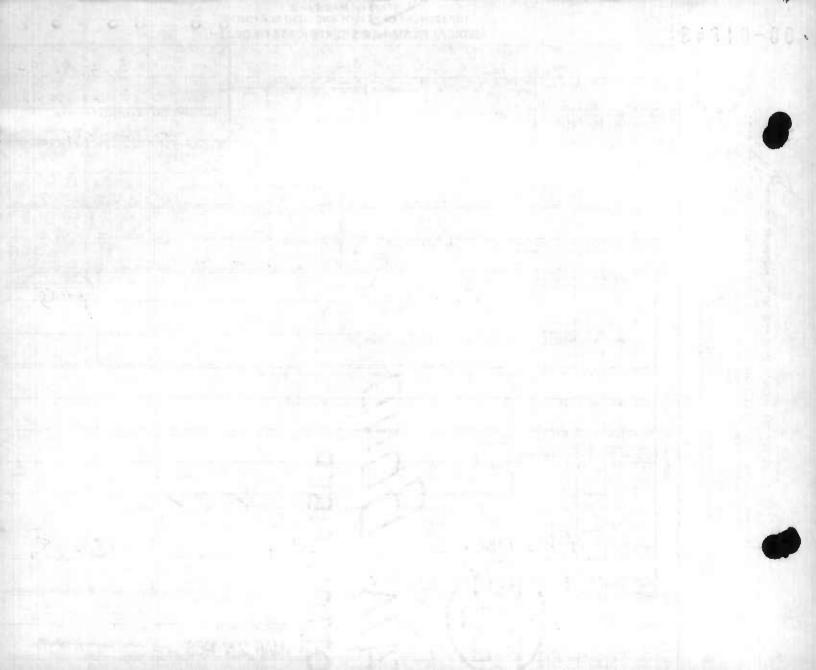
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TENDING PHYSICIAN. The law requires that the death centrician be examined within 24 hours approximate a may be able to otherwise physician.	(TOR, After this certificate has been signed by the afterding physicial and campiletely filled in by the juneral director, page 3.	to use as the burst-froms permit. Then please semple carbonagers. Pages I and 2 should be libet within 72 hours after death.

	1						2.	TATE OF MARYLAN	ID			,49	,	6 0
0-0027	5	1 -	FOR STATE REGISTRAR			DEF		OF HEALTH AND ME TIFICATE OF DE			EG. NO.	U	0 7	0 4
2 71	1		CEASED NAME	ChAC	1	MIDDLE	He	olzher	9	20. DATE OF DEA		13	PL PL	26. HOUR 756 M
pr 1 mo	0	1 58	Male		White		5. DA	TE OF BIRTH	7	6 AGE (IN YEARS		MONTH YRS	DER I YEAR	HOURS MIN.
And of the state o	35		Maryland		OB CITIZEN OF V		MA	RRIED NEVER MA	RRIED D	BAHIT BAHIT	MOR CO		UNT	Ly MD.
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1 24 hours of the last last last last last last last last	35	13a M	AL RESIDENCE (IF NUR STATE laryland	136 COUN Bal	TY .	130 CITY OF	point	13d. INSIDE CITY	10 1/2	13e.STREET ADD 7707 Wy	RESS / ZIP	code k Road	d 212	24
1 10	20		John	6 Tel		olzhei	.d		garet	MI	DOLE	We1	ler	
	e medico		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)		SECURITY N 5-7135			nie 329	South	Newk		t. 21224
ow requires that the dec been agreed by the offer mit. Then please empre print to become complete	any injury, or other traus	CATION	Conditions, if any gove rise to im couse (a), stati underlying couse PART 2 OTHER SIG	mediate ng the last NIFICANT C	ONDITIONS CO	ONTRIBUTIN	3.1	BUT NOT RELATED TO		NAL DISEASE OF	7 706	ON GIVEN IN	RE FINDING	GS USED
A. The la yildion. cate has oned per	7	CERTIFI	21s. ACCIDENT WAS UN		71h TIME O	FINJURY		JIE HOW INJU	IRY OCCURR	YES NO		YES 🗌		NO []
TENDING PHYSICIAL parts or untending physicial After the centre for use or the buried for the state and Avended of Health and Avended for the state of the state	21 a marked or flam	MEDICAL	OF CONTRIBUTING 19 CHAS NOTIFY AND 21 MINUTED COLUMN AT NOTIFY	CALEXAMPLES	The PLACE C	OF INJURY EET FACTORS O	11		19.86	to 3/	the date of	19_4	Ourstr 66 in from the co	Stati hor (Two last duses stated
HOSFITAL OR A pured by the hos FUNCERA DIREC wild be deteched th the Store Dept	POSTANT. II III III		774 PHYSICIALES			10	_		ENDING TYSICIAN	MEDICAL DIRECTOR 1	STAFF PHYSICIAN		THE DATES	IGNED
0 8 2 4 1 1	¥		BURIAL, CREMATION, (SPECIFY) Buria	_	236 DATE 3/17/8	36		OF CEMETERY OR CRI		23d LOCATIO CITY OR TO		timore	™Mary	land ^{ATE}
DHMH - 16 60M :	7/B4	24. F	UNERAL DIRECTOR	uneral	Home 3	of Dun	dalk	•		REC'D. BY REGIS		REGISTRAR'S		





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a DATE KNOWN D (TYPE OR PRINT) OF ESTI-Mary Elizabeth Horn 5 DATE OF BIRTH 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE PRONOUNCED Caucasian March 15,1908 78 YRS Female 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED EX NEVER MARRIED FOREIGN COUNTRY) Pennsylvania United States WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Woodlawn 1920 Gwynn Oak Avenue 21207 Homemaker USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONIL 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN NO ₩ 1920 Gwynn Oak Avenue 21207 Baltimore Woodlawn Maryland 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST Elizabeth Matthew Scott Javnes 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 21207 George L. Horn 1920 Gwynn Oak Avenue 215-54-4632 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) E 3 SHOULD BE USED AS A SHOULD BE USED AS A SEDEARTMENT OF HEALTH OF PROPERTY. 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STATE CITY OF TOWN COUNTY WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STANDORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy EXAMINER'S NAME 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY March 24,1986 Lorraine Park Woodlawn Baltimore Maryland Burial 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, INC 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** grahe Davidson Randelle 8728 Liberty Road Randallstown, MD 21133-4784 (VR A15 ME (5)) 20M 4/82



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(8)	/	REGISTRAR					CERTIF	ICATE OF D	EATH		REG. NO).			
1		CEASED NAME OR PRINT)	FIRST		MIDDLE		1.	AST		2a DATE OF	DEATH /	MONTH	OAY YEA	2 b.	HOUR
0		60	LDI	F		1	ORN	SIEI	N		9	3 2	781	\mathcal{C}	414AM
	3 SEX	(1. RACE			FEB	F BIRTH	_{v.} 1,897	6 AGE INY	EARS LAST BIRTI	HDAY)		E PART	UNDER 24 HRS
		EMALE		WHIT	E		-3	19	310	86		YRS			
3/		RTHPLACE (STATE OR FO	DREIGN	6 CITIZEN OF	WHAT COUN	ITRY?	8 MARRIEI	NEVER A	AARRIED 🗆	9 BALTIMO	E CITY OF	COUNT	OF DEAT	4	
Co		MARYLAND		US			WIDOWE	DXX DI	ORCED	В	ALTIM	ORE C	COUNTY		MD.
E post	70 ⊂1	TY OR TOWN OF DEA	TH		HOSPITAL, N			R OTHER INST	ITUTION	12a USUAL (OCCUPATION FOR MOST OF				USINESS OR
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5/	USUA 130 S	TATE	136 COUN	OTHER INSTITUTION	130. CITY OR	BEFORE		13d. INSIDE CI	ITY LIMITS?	13e.STREET A	ADDRESS /	ZIP COD	E		
D	1	MARYLAND	BAL	го.	BALTI	MOR	Е	YES 🗌	NO 💢		PARSO:	NS AV	/E	#2	1207
do.	14 FA	THER'S NAME	^	AIDDLE	LAS	T			MAIDEN NA	WE	WIODIE			LAST	
350		BERNARD			JACOB	SON			IDA					CUS	
dicol		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL	SECUI	RITY NO.	17 INFORMA	NT M	RS. BE	RNTCE	SSPAPE	R		
1/	N	0			214-5	0 - 2	219	6867	PARSON	S AVE.	В	ALTO.			1207
4		18 CAUSE OF DEATH	Enter onl	y one couse per	line for (o), (bi, onc	lic.	Λ.					BETW	ROXIMATI EEN ONSE	E INTERVAL
even				E CAUSE (0)	029	du	DB,	1281	1801	2					175
ofic				DUE TO, O	RASACONS	EOUE	NCE OF		(
TOUR		Conditions, if ony,		(ıb)	SIM	2C/	B								
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or ath		underlying couse	lost.	(c) (c)	telly	0	SPV	1090	USCO	let	000	lles	P		
Jry,	7	PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING	STOD	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR CONE	HTION GI	VEN IN PAR	Tho	
y inju	TIO	C-HI	-	M	Eim	OV	Ma			122		I.a. 15.145)		
600	FICA	19a. DATE OF OPERAT	ION '	100 COND	ITION FOR W	HICH	OPERATION	WAS PERFO	RMED	70e AUTC	/		S, WERE FII FYING CAU	SES OF	DEATH?
5	CERTIFICATION			011 71145 0	E BUUDY			101 110111111		755 🔲	NON		ES 🗌		40 🗌
800		210. ACCIDENT WAS UND		216. TIME O HOUR A.		d DA	Y YEAR	ZIC HOW IN.	JURY OCCURR	ED (ENTERNA	TURE OF INDURY	Y IN ITEM IB	PART I OR PART	2)	
then.	MEDICAL	(IF EITHER NOTIFY MEDIC					19	NI LOCATIO	NI.						
o pa	MED	21d. INJURY OCCURR		21e PLACE	REET, FACTORY O	FFICE FA	RM. ETC)	211 LOCATIO)N		CITY OR TOW	VN	COUNTY		STATE
orke		AT WORK NOT WHI				_					121-11				
n si l		220.1 certify that (1) saw the decease		ol) ottended th	e deceased f	rom	- 00	d that in (my)	_, 19	death accurre	d oo tho da	to and ha	19		(I) (we) lost
m 2		obove, (I) (we) (d	id) (did not) view the body	affersdeath.	7		DEGREE	(oor) opinion c	Jeoin occorre	on the do	te ono not			
If he		110000	07	1	V	-		A	TTENDING _	MEDICAL	_ STAF		2	TE SIG	3/21
Z-		22d. PHYSICIAN'S NA	MEZ LIMBE OF	PRINT)	290	262	-	27e ADDRES	PHYSICIAN [DIRECTOR	PHYSICI	IAN			7/06
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IA PC	22- 0	H- N-			m1)	22. 1	AME OF C	DAC	IIIV	123d LOCA	COU	VIV	191	/_	NW-
		SURIAL, CREMATION, F SPECIFY) BURIAL	REMOVAL	MAR. 30	1986			STATE		67 JWV		DALE	BALT	'O .	MD ATE
	24 FI	INERAL DIRECTOR SO	OL LE					OTITE		E REC D. BY R					
7/84	100	14/5/4/6			ADD	CCIM	INC.	1015	AD		986	A Super	migrav-	Mand.	مالانه
)	_6	010 REISTE	KSTOW	N KD.	BALTO.	, M	ID 2	1215	- AF	MATE	200			41	1

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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						KEG. I	40.				
	DECEASED NAME P	IRST	WIDOLE	L	AST	20. DATE OF DEATH	MONTH	OAY YEAR	26 HO	UR O	
	Haze	1 Dolo	res	Hosh	nall	March 29,	1986		1-1-	M	
3 5	SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY	IF UNDER TYEAR	HOURS	ER 24 HRS	
	Female	White			24, 1906	79	YRS.	WOITING DATS	HOURS	min,	
70.	BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH			
	Maryland	U.S.	.A.	WIDOWE		Baltimo	re Cou	inty		MD.	
5 10.	CITY OR TOWN OF DEATH Ruxton		HOSPITAL, NURSING		or other institution	120 USUAL OCCUPA	TION	126. KIND		IESS OR	
1 1	_3	HOME OR OTHER INSTITUTION BAITIMORE	13c. CITY OF TOWN	admission)	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 1205 Robi			12C	204	
2 IL	FATHER'S NAME	WIDDIE	LAS1		15 MOTHER'S MAIDEN NA	WE			ST	1000	
4	Ernest		Ponkow		Ella	J		Sween	ey		
160	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDI	RESS				
	No	il les one war on bales,	213-74-2	030	Miss Ann Mai	rie Welsh		Same	As	13e	
	18 CAUSE OF DEATH	Enter only one cause per	fine for a (b), and	l (C)	0 . /) .		APPRO BETWEEN	XIMATE INT	ERVAL ND DEATH	
	PART I. DEATH WAS	CAUSED 8Y MEDIATE CAUSE (a)	fulme	na	m most	ism		2	d.	11-11-	
	Canditions, if any, w gove rise to immed cause (a), stoting underlying cause	hich (b)_	R AS A CONSEQUE	este	ve Heart	Failur Parlur	٥	2	22	20	
CERTIFICATION	PART 2 OTHER SIGNIF	m		34	NOT RELATED TO THE TERM	ZOG AUTOPSY?	20b. IF YE	VEN IN PART 1 S, WERE FIND FYING CAUSE	INGS USI		
4 E				-		YES NO		ES 🗌	NO	0	
		E OF DEATH HOURS	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2]			
MEDICAL	21d. INJURY OCCURRED	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY		STATE	
	220.1 certify that (I) (the	~ ~ ~ 1	an 19 8	0ct	nd that in (my) (and apinion	, 10	date and hou		that (1)		
	226 SIGNATOR	ela Do		m.	THISICIAN E	MEDICAL STA	AFF ICIAN []	22c. DAT	SIGNED 8	٠6,	
	224 PHYSICIAN & NAMI	E (TYPE OR PRINT)			22e ADDRESS						
	George J	Richards N	M.D.		7800 York 1	Rd Tows	on, Ma	aryland			
23a	BURIAL, CREMATION, REA				EMETERY OR CREMATORY	23d. LOCATION		L'OUNTY		STATE	
	Burial	4/2/86	G	reen	Mount	Baltimor	e, Mai	ryland		MAIL	

DHMH - 16 60M 7/84 (VRA 15, 4)

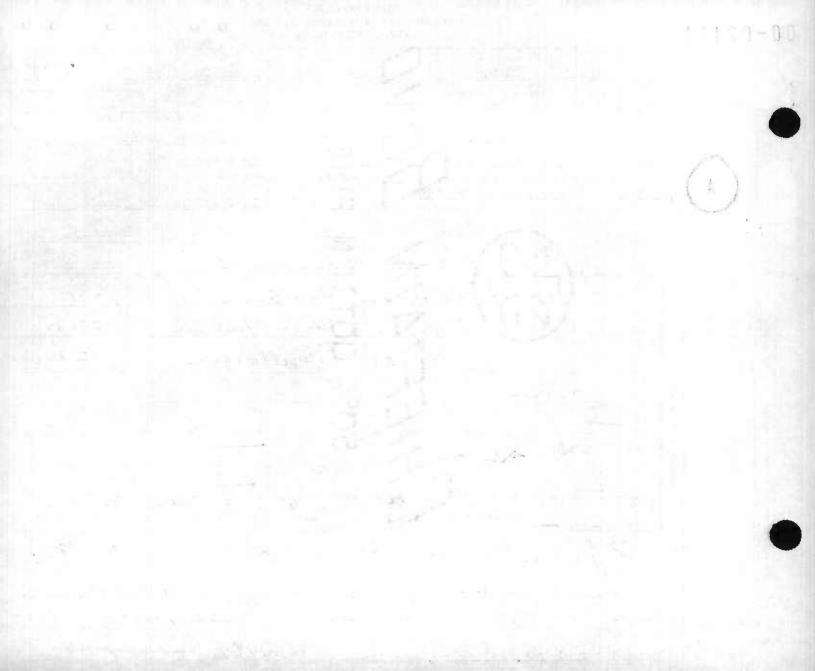
24 FUNERAL DIRECTOR

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should be detached far use os with the State Dept of Heolth IMPORTANT. If Hem 21 is

Leonard J Ruck Inc. Baltimore, Maruland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APRO 2 1986 a waydoon Mandalle



(VRA 15, 4)

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FOR

REGISTRAR

- STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLI Jeremiah

HUBBARD, TIT

13d. INSIDE CITY LIMITS?

NO IX 15 MOTHER'S MAIDEN NAME

FIRST

Ruth

YES [

17 INFORMANT

5 DATE OF BIRTH

WIDOWED

REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 12:55A 186 04 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Western Elec. Designer 13e.STREET ADDRESS / ZIP CODE 1665 Dulaney Dr., 21084

Bayne

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

86

Md.

MIDDLE

Ellen

e couse per line for (a), (b), and (c.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF HUNCE ATING ART EXY ANEXRY	r(-
(b)	
DUE TO, OR AS A CONSEQUENCE OF	
(c)	
DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 110

NO. NOF 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 YEAR 211 LOCATION COUNTY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN STATE

20a AUTOPSY?

86 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

PHYSICIAN

22e ADDRESS

GREATER BACKITORE MEDICAL CEN

 $\frac{3}{04}$

DIRECTOR PHYSICIAN

23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Dulaney Valley Cem. 15/86 Timonium Balto.

Lowell Lemmon, 10 W. Padonia Rd. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

MAR

DHMH - 16 60M 7/84 (VRA 15, 4)

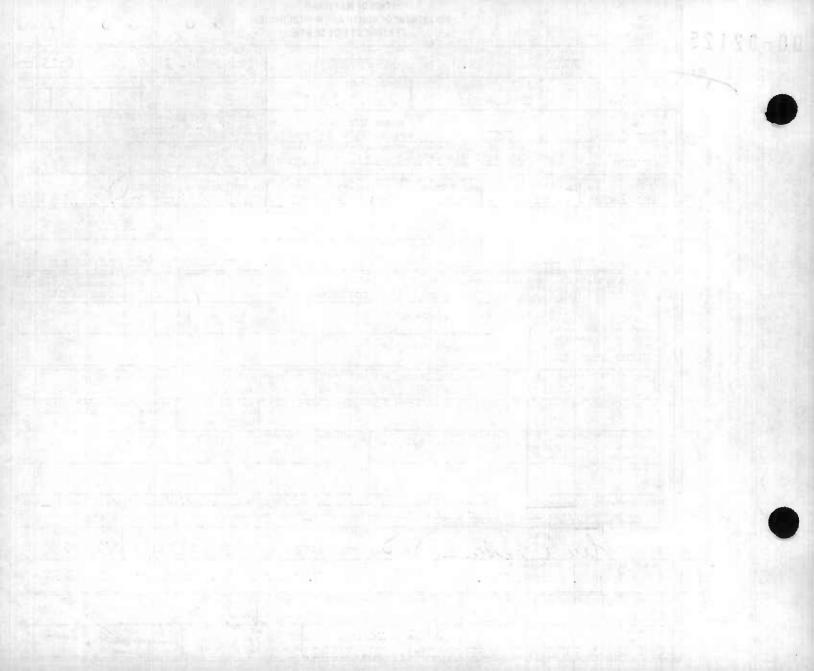
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STATE OF MARYLAND



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 A D.T. BEFALL								

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

00-0132	0 - 0 3 2 51 - FOR STATE REGISTRAR					DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH						REG. NO.			
		EASED NAME	FIRST	,	AIDDLE	- I	ASI	2 a.	DATE OF DEATH		DAY YEAR	2b HOUR			
poge 3	TYPE	Edw	ard		William		Huneke	- 3	M	arch 1	7 1986	7:15pm			
A od o	3. SEX		1	RACE	- 03 8 1	5. DATE C		6. A	AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEA				
ge 4	,	Male		White		Nov.	27 1902 AR	-	83	YRS	MONTHS DAYS	HOURS MIN.			
och. To and the control of the contr	7a. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Chase			7b CITIZEN OF WHAT COUNTRY? 8 WARRIED WIDOWEE 11. NAME OF HOSPITAL, NURSING HOME OF (FENDTINSSUCH FACHITY, GIVE STREET ADDRESS) 13 108 Cherwin Road					9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TYPE MIND OF BUSINESS COUNTY OF THE PROPERTY OF THE PROPE						
orified with															
filled in b	USUA 130 S	L RESIDENCE (IF NURSI TATE Md.	NG HOME OR COUNT Balt	Υ	GIVE RESIDENCE BEFO 130. CUTY OR TO Chase	ORE ADMISSION) WN	13d. INSIDE CITY LIMITS		STREET ADDRE			220			
mpletely	14 FA	Charles	Wí	Iliam	Hunel	ce	August	NNAME	MIDDI			AST			
n ond co Poges		(F YES, GOOD UNKNOWN)					Mary Huneke 13108 Cherwin F			Road 21220					
hysicio bipopers remaval. event, the		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Condition VIDENTIAN Colleger									APPRC BETWEE	NONSET AND DEATH			
not the choth of by the citeridal see enton. I, cremotion, or other froumotic.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF 1 DUE TO, OR AS													
quires shot signed by hen pleose to burial, c	Z			ONDITIONS CO			NOT RELATED TO THE T			ONDITION	GIVEN IN PART	110			
on low recently be been prior the pr	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDING. IN CERTIFYING CAUSES OF YES VES VES							
PHYSICIAN: Ti ending physici this certificate te burial-transit id Mental Hygii d a limm till	AL	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	2 1b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF	I MATI NI YAULNI	8 PART LOR PART 2				
ING PHYS r attendini After this c as the bur Ith and Me	MEDIC	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK		21e PLACE	OF INJURY IEET, FACTORY, OFFICE	E. FARM, ETC)	21f LOCATION STREET		City C	DR TOWN	COUNTY	STATE			
TTENDIN priod or TOR: Af for use of of Health		22a.1 certify that (1) (this hospital) attended the deceased from													
AL OR A the hos AL DIREC letached ore Dept.		226 SIGNATURE	ru	(B	nul	_ m	DEGREE ATTENDIN PHYSICIA	NG NAN D	AEDICAL SIRECTOR PH	STAFF YSICIAN [22c. DAT	120/86			
TO HOSPITAL of the centioned by the TO FUNERAL is should be deto with the Stote IMPORTANT: If		226. PHYSICIAN'S NA	ME (TYPE OR		roschi		9/01/	Choi	1/10	0	no D	n - 21232			
Off Charles M		URIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATO		23d LOCATION	-9	10				
RD	(Buria	1	3/21	/86	Holly	Hill Cemete	ery	Middle	River	Balto.	Maryland			

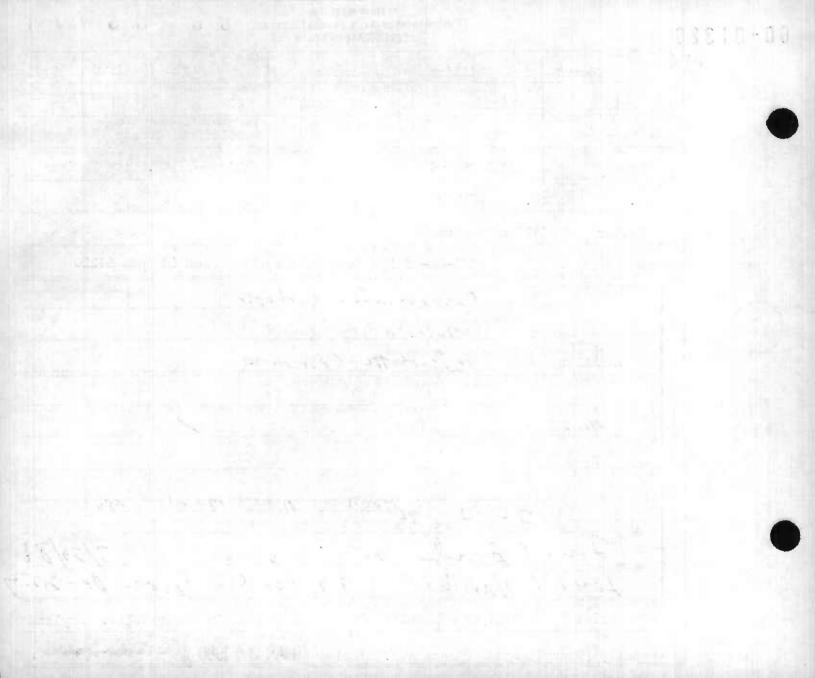
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Connelly Funeral Home 300 Mace Ave. 21221

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



00-0164

STATE OF MARYLAND

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0 1	646	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 6 7 / 4 CERTIFICATE OF DEATH									
1	~		CEASED NAME	FIRST		MIDDLE		AST _	20 DATE OF DEATH MONTH DAY YEAR 26. HOL				
1	610		Har	ry		aymond	1	Huneke	March		1986	IF UNDER 24 HRS	
N	9	3 SE	Male		4. RACE Whit	e	S DATE O		62	YE LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.	
72 hou	2		RTHPLACE (STATE ORF COUNTRY) Maryalnd		76 CITIZEN OF	WHAT COUNTR	MARRIE	D Wever Married	Baltimore County				
by the fun	200	10 C	Chase		11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL PROPERTY GIVE STREET ADDRESS) 12540 Ulrich Ave.				120 USUAL OCCUPATION (Type or work for most of working Life) INDUSTRY Retired				
filled in	Sagar Sagar	Md. 136 COUI			or Other Institution Give residence before admission) NIY 136. CITY OR TOWN Chase			134 INSIDE CITY LIMITS?		DRESS / ZIP C Ulrich	ODE Ave. 210	27	
impletely and 2 s	030	Charles			Huneke						hene		
Pages 1	medical		VAS DECEASED EVER YES NO OR UNKNOWN) Yes	IT WAR OR DATES) 166 SOCIAL SECURITY NO. 219-18-5830			17 INFORMANT Ethel Huneke	INFORMANT ADDRESS Sthel Huneke 12540 Ulrich Av			e. 21027		
this certificate has been signed by the attending physicic burial-transit permit. Then please remove carbon papers of Menfall Hygene prior to burial, cremation, or removal. d or Item 18 shows any injury, or ather traumatic event, the	emation, or removal. ner traumatic event, the		18 CAUSE OF DEATH W PART I DEATH W Canditions, if any, gove rise to imm cause (a), statin	which nediate	D BY. TE CAUSE (a) DUE TO, O	R AS A CONSEC	Nis/	sulmy for Morale	hel	1	APPRO) BETWEEN	kimaté intérval Onset and déath	
	CERTIFICATION	PART 2 OTHER STATE OF OPERAL	HFICANI (likn	DINTPRUTING TO	This	NOT RELATED TO THE	THE AUTOR		YES, WERE FINDING CAUSES			
	nd Mental Hyg	MEDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA	21e PLACE	M. MONTH M.	19	211 LOCATION STREET		RE OF INJURY IN ITEM	18 PART OR PART ?}	STATE	
DIRECTOR After	e Dept of Health a If frem 21 is marke		22a I certify that	this base	ti seem the book	-10 19	16,0	nd that in (my) (aur) apinian of DEGREE ATTENDING	MEDICAL	STAFF		that (I) (we) last causes stated.	
TO FUNERAL	with the State		22d. PHYSICUM'S NA	suico	1	7		22e ADDRESS	DIRECTOR _			1-10-	
			BURIAL, CREMATION, (SPECIFY) Buria		3/25	/86	BelAir	Memorial	Be'1A	ir'	Harford I	Maryland	

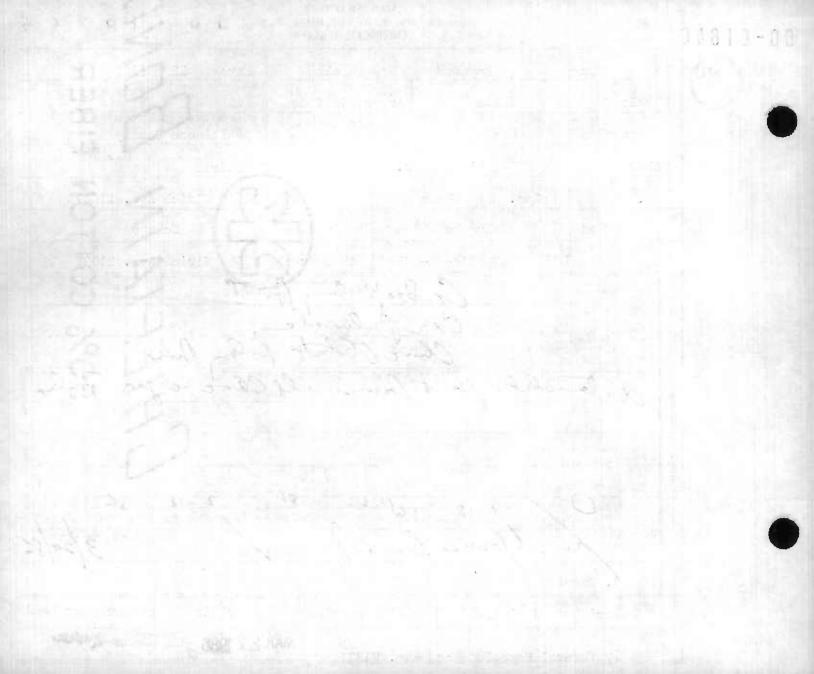
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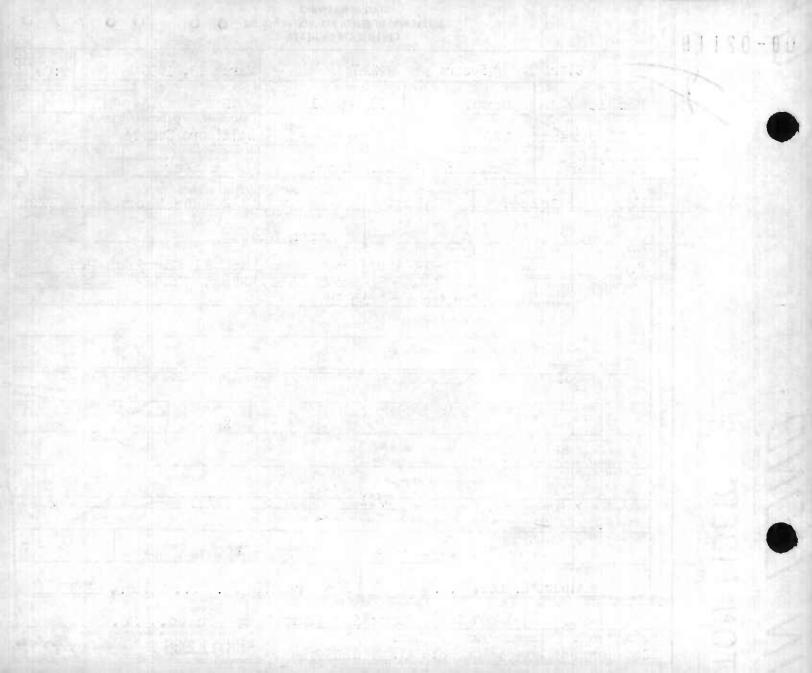
24 FUNERAL DIRECTOR

TO HOSPITAL OR ATTEN

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ADDRESS Connelly Funeral Home 300 Mace Ave. 2122 250 DATE REC 10 BY REGISTRAR 251. REGISTRAR'S SIGNATURE 10.





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STATE OF MARYLAND

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 20. DATE OF DEATH MONTH 2h HOUR

the funeral director, page 3 d within 72 hours ofter death should be filed should be detoched for use as the buriol-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remaval TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, th

FOR STATE

REGISTRAR

1. DECEASED NAME

	,,,,,,	Norma Iren	e Iampieri				3/6/8	5		11:5	OP		
	3. SEX	(4. RACE	S. DATE OF		YEAR	6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER	MIN		
		F	W	4	13	10	75	YRS.					
5	Ja. Bi	RHIPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8 AA A DDIED	□ NEVED	MARRIED -	9. BALTIMORE CITY	OR COUNTY C	OF DEATH				
1	1	allemae		WIDOWED		VORCED	Baltime	ore Ou	nty		N		
C.	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR		TITUTION	12a. USUAL OCCUPAT		12b. KIND O	F BUSINE	SSO		
)(C	0	atonsville	(IF NOT IN SUCH FACILITY, GIVE STREET A				(TYPLO WORK FOR MOST	OF WORKING LIFE)	INDUSTRY				
			ROTHER INSTITUTION GIVE RESIDENCE BEFORE		-		- Comment		una				
6		TATE 136 COU		V 1	YES [ITY LIMITS?	136 STREET ADDRESS 437 Whi	zip CODE	Rd. 3	13	38		
h	II. FA	THER'S NAME	MIDDIE / LAST		S. MOTHER	S MAIDEN NAI	ME MIDNE	0	(A)				
50	16	Carles Tre	lume		Mai	hear!	leicker	eller					
1			RMED FORCES? 166 SOCIAL SECU		17. INFORMA	ANT A	ADDR	166	24	9%	33		
		106	214-38-	8840	MAL	642	mpiece	431	Me	sec	est		
			nly one cause per line for 101, b), one	dicia a					METWEE-16	MATE INTE	PAL		
		PART I. DEATH WAS CAUSE	TE CAUSE (0) Cardianey	serla	ais	reits	3.5		For	mole	il		
		INVINEDIA.		NCCOC	,	0							
		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	Litro	- mel	Prince	u 20 Met	actores	/	no			
		gave rise to immediate	(b)	7-17-12	00,700	7	2 / 2/	43/430)			_		
		cause (a), stating the underlying couse last.	DUE TO, OR AS A SONSEOUE	/ 1	nes				9	VA	0		
			(10) Treat							7.0	>		
	NO O	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO D</u>	DEATH BUT N	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	ADITION GIVE	N IN PART 11	3.			
1		190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION	WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USE	D		
9	CERTIFICAT						VEC	IN CERTIFY	ING CAUSES	OF DEA	TH?		
-1	- E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		214 HOW IN	LILIBY OCCUPI	YES NO	YES		NO [
0	1	OR CONTRIBUTING CAUSE OF DE	HOUR AM MONTH DA	Y YEAR	ZIC FIOW II	JUK! OCCUR!	RED (ENTER NATURE OF IN)	JRY IN ISEM IS PAR	(I FOR PART 2)				
7	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19				500		300			
1	<u>a</u>	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA		211 LOCATH		CITY OR 1	OWN	COUNTY		STATE		
	2	WHILE NOT WHILE AT WORK	TAT TOME STREET, TACTORS, OFFICE TO	nnm, ETC J			,						
	155	22a.1 certify that (1) (this hasp	ital) attended the deceased from_	2/6		19 86	10 3/6	. 11	86	that (1)	we) lo		
		saw the deceased alive an 2/7 19 86, and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated											
	191	abave, (I) (we) (did) (did nat) view the body after death. 27b. SIGNATURE DEGREE											
		10/10	1000000	AL	109	ATTENDING _	MEDICAL V STA		22c. DATE	101			
4	1	224 PHYSICIAN'S NAME (TYPE		77.0	22e ADDRES	PHYSICIAN [DIRECTOR PHYSI	CIAN	19/7	0			
1		1.10	1 11 , 1			00 St 4	gnes Hosp	1tal	1				
		William C. W	later field MD		900	Caton	Ave 13	ill 14	1 21	129			
	23a. E	SURIAL, CREMATION, REMOVAL		MAME OF CE	METERYOR	CREMATORY	23d LOCATION		DANIY	Gr.	A.		
	de	mil	13/10/86 ho	uell	2 Gork	Cem.	Halk	200	ac.	ILa	-		
	74.00	MERAL NIDECTOR	11 1-11 70 4	1-/1	11100	250 DAT	E DEC'D BY DECISTRAL	DEC ICTO	AD'C CICNIAT	LIDE			

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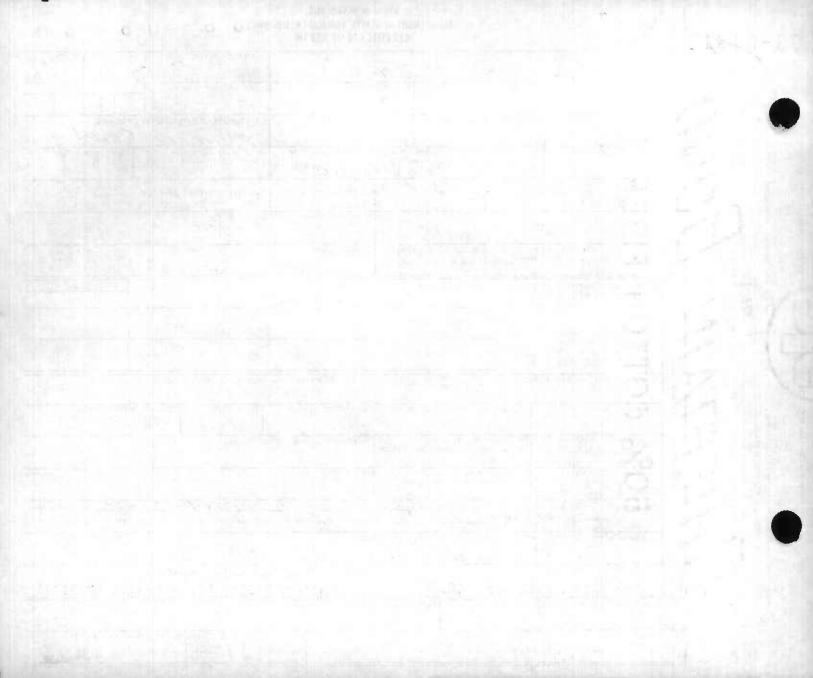
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hed hed			22b. SIGNATURE	View me c	ody difer deam.		DEGREE			22c. DATE SIGN	NED
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DHMH - 16 60M 7 (VRA 15, 4)	/84		NAME Anatomy	Board	ADDRESS	Balt	o., MA 27	1986 Julian	Widow 1	AL STANDRE	1

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DHMH - 16 60M 7/84 (VRA 15, 4)		March Funeral H	lomes 1101 East	North Avenu	ue 250 DATE	10000	256 REGISTRAR'S SIGNA	TURE,		

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NI RECORD he low requous hos been s r permit. The ene prior to ows any inju	NO DATE OF OPEN	ATION 196 C	CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES C	SS USED OF DEATH?
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of of see with the see of the see	230 BURIAL, CREMATIO		TE 23c	NAME OF CEMETERY OR C	REMATORY	23d LOCATION		IDATY OF	
BP	BURIAL 24 FUNERAL DIRECTOR	3-	29-198617	ROVIDENCE	Ism.	Jowson	(BAL		ARYLANG
DHMH - 16 60M 7/B4 (VRA 15, 4)	NAME .	IAPSLOF (EMORISS	3300 Road HARFORD	230. DATE K	APRO4 198			- Handeler

FOR

IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE INDUSTR 13e.STREET ADDRESS / ZIP CODE MIDDLE LAST ADDRESS NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR DOWN COUNTY STATE that (I) (we) lost , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 72t. DATE MEDICAL STAFF DIRECTOR PHYSICIAN OCATION 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

801570 ALCOHOLOGICA MELLET MINERAL ACTION AND ACTION OF ACTION

19		STATE REGISTRAR CEASED NAME FIRST	WIDDLE		CERTIFI	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.) 6	7 Q
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DHMH - 16 60M 7/84 (VRA 15, 4)

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icate be executed within 24 he hysician and campletely filled is popers. Pages 1 and 2 should be towal.		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	1661640	JRITY NO.	JOSEPH E.		3920 N	EW SEC	CTION RE
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TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR At should be detached for use a with the State Dept. of Health		27a. I certify that XI (this saw the deceased of above XI) (we) (did) (same street of the same street of the same same same same same same same sam	ve on March did not) view the body	ne deceased from_ 2719 Folier death.	86, an	ed that in (XX(our) opinion DEGREE ATTENDING	MEDICAL PI	STAFF HYSICIAN	ond from the	
De or		BURIAL, CREMATION, REMI				EMETERY OR CREMATORY NS OF FAITH	23d. LOCATION CITY OR TO: BALT	ми 1	COUNTY	STATE
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3243 Sh'annon Dr. Mr. Philip Debelius Balto., PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 86 (aur) opinion death accurred on the date and have and from the causes stated 22c DATE SIGNED 9000 Franklin Square Dr., Balto. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Removal 3/11/86 BP 250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGN THE 24 FUNERAL DIRECTOR Anatomy Board Balto., Md. (VRA 15, 4)

STATE OF MARYLAND

126 KIND OF BUSINESS OR

Security

INDUSTRY

DHMH - 16 60M 7/B4

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN X 1 DECEASED NAME TYPE OR PRINT ESTI-DIRECTOR.

R FILES.

HOURS

ON STREET, Stuart Kelly DEATH MATED Kenneth 1986 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 3/18/57 DEAD 29 Male Cauc. / 19 86 76 CITIZEN OF WHAT COUNTRY? O BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Md. Baltimore County 120 USUAL OCCUPATION TYPE OF WORK 120 KIND OF BUSINESS 1 C IN CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Balto Body & Fender Man Body Sh. 9825 Foxhill Rd 13a. STATE 136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. Balto. NO IX 9825 Foxhill Rd. Perry Hall 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Md. 21128 Stuart Kelly Marjorie Daugherty 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TAL SOCIAL SECURITY NO 17 INFORMANT DIVISION I HE YES GIVE WAR OR DATES 212-70-8321 Marjorie Kelly, same address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PARTI DEATH WAS CAUSED BY A BURIAL - TRANSIT PERA H AND MENTAL HYGIEN MATION, OR REMOVAL. Shotoun Wound to Head IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-OF HEALTH AND MEI RIAL, CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to FORWARDED THE WORD "PER TORS WARDED TO THE CHIEF A TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BHORY OF HEAD AND, 21201 PRIOR TO BURINA. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO V 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR selft inflicted wound CONTRIBUTING CAUSE OF DEATH 3/21/ 19 86 21e PLACE OF INJURY LATHOME 21d INJURY OCCURRED If LOCATION STREET, FACTORY, FARM, ETC.] WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTERDEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 9825 Foxhill Rd., Balto. garage County, Md. 22a I certify that I took charge of the remains described above: held on Autopsy Suicide X death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 3/22/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) Penn St. ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial St. Joseph's Cemetery, Balto., Md. 07/84 BP MAN 26 1986 Julia Saudan Am 24 Schimunek Funeral Home, Inc. 25M **DHMH - 17** 9705 Belair Rd., Balto., Md. 21236 (VR A15 ME (5))

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE (aur) apinian death accurred on the date and have and from the causes stated 22c DATE SIGNED 9000 Franklin Sq. Dr., Balto., 21237 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION
New Cathedral Cemetery CHYPORIDM 3/20/86 Baltimore City, Md. STATE Burial 250 DATE-RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE Puneral for PA 1407 Old Eastern Ave. 2

STATE OF MARYLAND

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Additional Panersh word at 1807 old Marten New Addition

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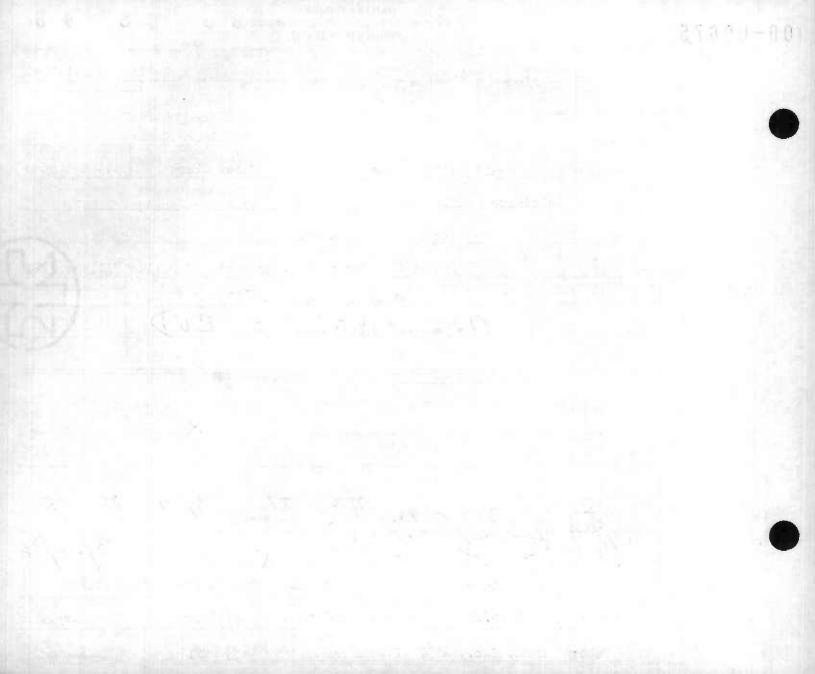
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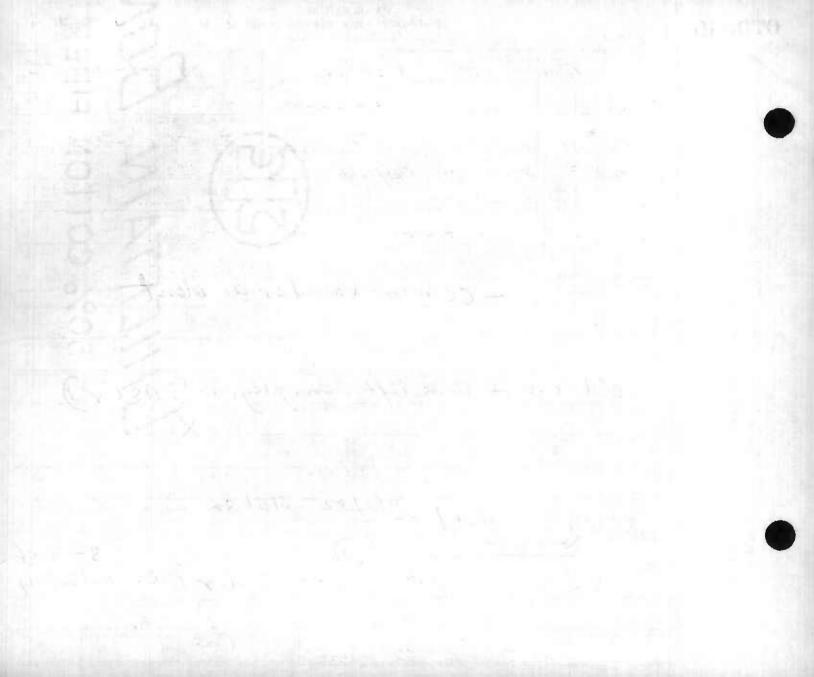
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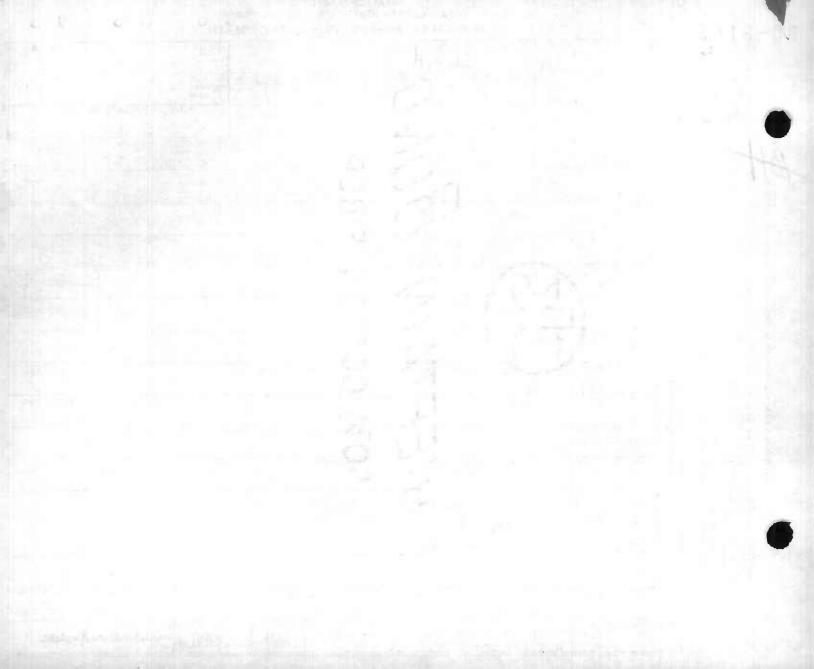
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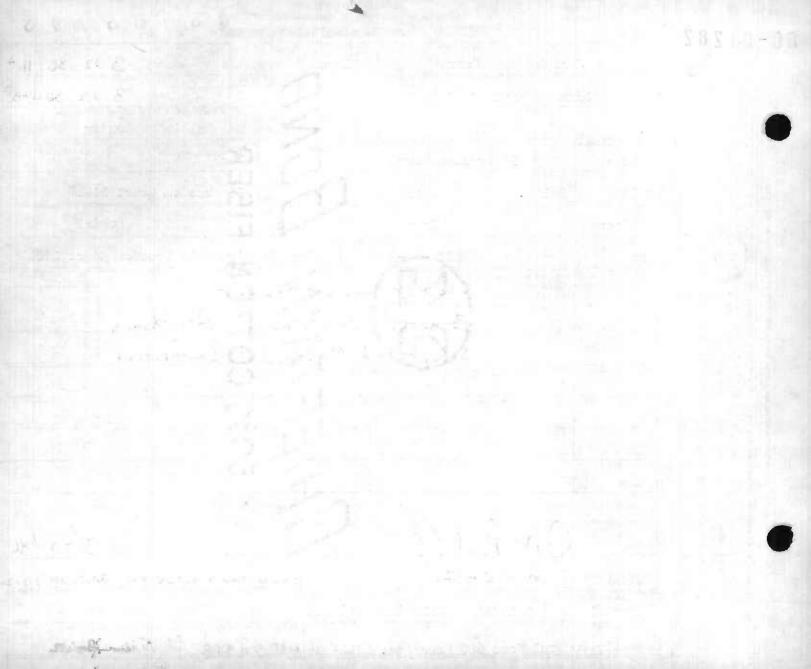
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Memal Hygiene prior to burial, cremation, or removal. Orked or them 28 shown ony injury, or other traumatic event, the medical examiner most	z	Conditions, if any, s gove rise to imme couse (a), stating underlying couse	DUE which diote the last	TO, OR AS A CONS (b) TO, OR AS A CONS (c)	EQUENCE OF		MAAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 2b. HOUR ESTI-(TYPE OR PRINT) Edward DEATH MATED William Kinsley 24 19 86 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY PRONOUNCED 11:02 71 YRS DEAD Caucasian 3/5/15 24 19 86 Male a 76. CITIZEN OF WHAT COUNTRY? LE BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Baltimore County General Hospital Salesman Maryland Cup Randallstown 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS STATE 136. COUNTY Pikesville 914 Adana Road Baltimore NO X Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Lang Lizetta Reuben Kinsley 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 914 Adana Road I (IF YES, GIVE WAR OR DATES) 212-01-5475 Mrs. Madelynne Kinsley Pikesville, MD WWII Yes CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) ALONG WI BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL-LITH AND ME REMATION, lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Alzheimer's disease 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURICH, 20 AUTOPSY? YES K NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (ATHOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the rendams described above, held an Autopsy Inspection Inquiry and in my apinian Suicide Hamicide Undetermined manner Natural cau TITLE (SPECIFY) ACTUAL M. Assistant 3/25/86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto, MD. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Maryland 3/27/86 Lake View Memorial Park Sykesville Carroll Burial 07/84 21133 25a. DATE REC'D. BY REGISTRAR 25M PARENTINE NAME 728 Liberty Road Randallstown, MD. 250 REGISTBAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Loring Byers Funeral Directors, Inc.



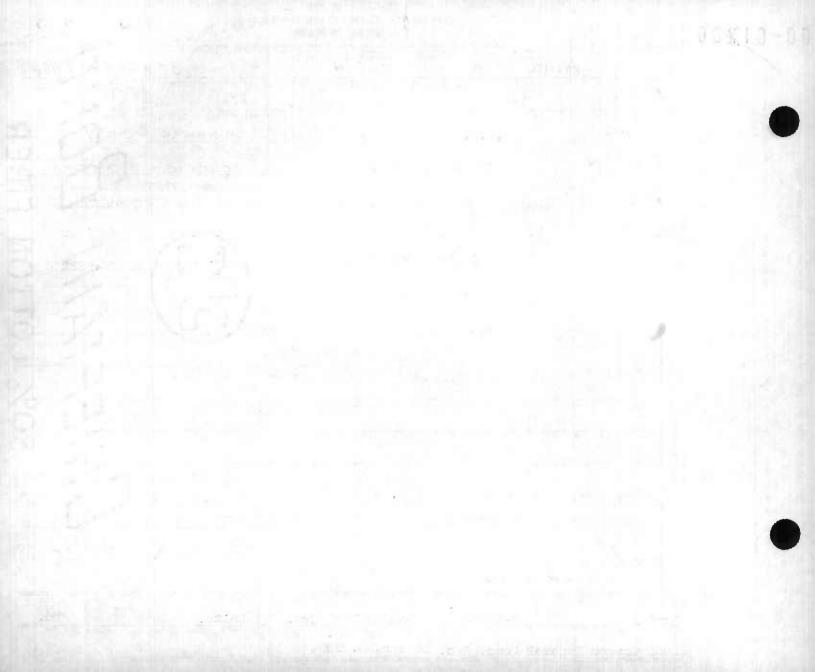
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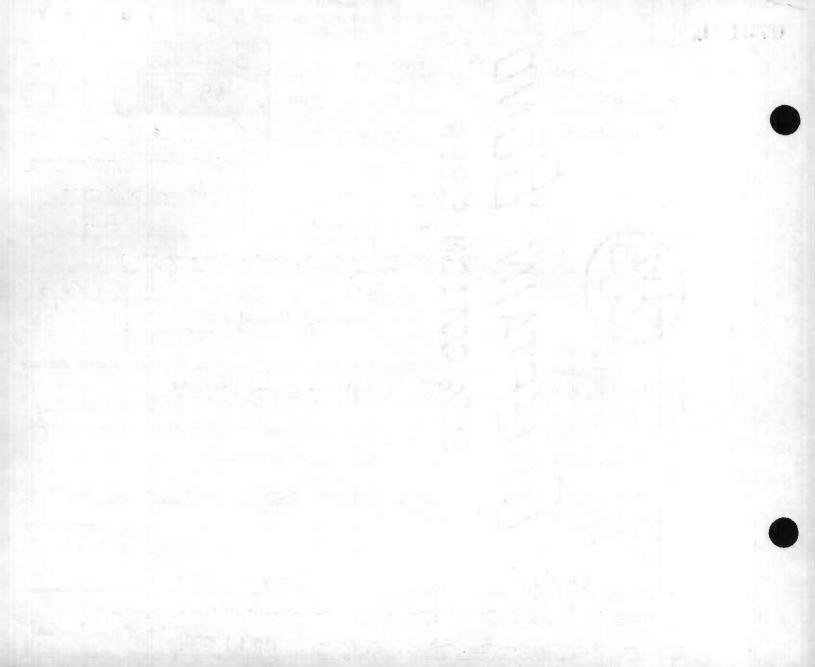


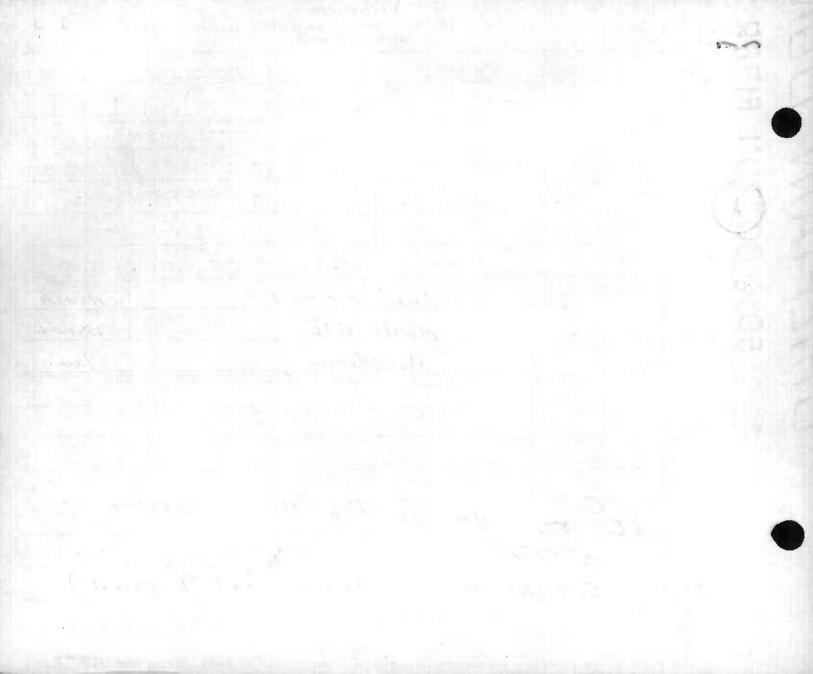
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN IT MONTH 2b. HOUR (TYPE OR PRINT) ESTI-FANY ELAY IS NECESSARY, PLEASE
AND TO THE FUNERAL DIRECTOR.
ETAIL PAGE 5 FOR YOUR FILES.
SHOULD BE FILED, WITHIN 72 HOURS.
HECORIS, 201 W. PRESTON STREET. DEATH MATED Dolores Virginia Klein 6. AGE (IN YEARS 2d HOUR 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX DATE LAST BIRTHDAY PRONOUNCED 01 22 22 Female White DEAD 66 YRS 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) MD USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY McCurley Avenue 21228 Homemaker Catonsville Home ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21228 130 STATEMD BALTIMORE, MD, 21201 Baltimore Catonsville 13d INSIDE CITY LIMITS? 1310 MC McCurley YES [NO TX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Barney Klein Virginia Getz 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) I / IF YES GIVE WAR OR DATES Agnes T. Brittingham Same as CAUSE OF DEATH (Enter only one cause per ling-far. (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. If THIS CERTIFICATION ONLY WARDED TO THE CHIEF MEDICATION OF STATE DEPARTMENT OF PERMIT AND PRIOR TO BURING THE CHEMICALL OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🔲 NO [71g EXTERNAL CAUSE WAS 216. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted Lan Natural causes Accident Suicide Hamicide Undetermined manner TO FUNERAL DIRECTOR EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Cem. Baltimore New Cathedral MD24 FUNERAL DIRECTOR BY REGISTRAR 255 REGISTRAR'S SIGNATURE 250. DATE REC'D. **DHMH - 17** MacNabb Funeral Home, Catonsville, MD (VR A15 ME (5)

20M 4/B2

STATE OF MARYLAND







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6010 REISTERSTOWN RD. BALTO, MD 21215

SOL LEVINSON & BROS., INC.

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

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REG. NO 20. DATE OF DEATH MONTH 26 HOUR 13 86 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS MOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dry Cleaner 13e STREET ADDRESS / ZIP CODE Brett Court UNAVAILABLE 220-10-8900 Harry Kreitzburg, Jr. 112 Second Ave. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:19 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE .. and that in (my) (aur) apinian death accurred an the date and havi and fram the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 5205 East Drive

DHMH - 16 60M 7/84 (VRA 15. 4)

IMPORTANT:

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230. BURIAL, CREMATION, REMOVAL 236. DATE 231, NAME OF CEMETERY OR CREMATORY

Himanustan Bangar

(SPECIFY) 3/15/86 Security Process Crem. Catonsville Cremation Balto. 24 FUNERAL DIRECTOR 21229 BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Hubbard Fineral Home, Inc. 4107 Wilkens Ave.

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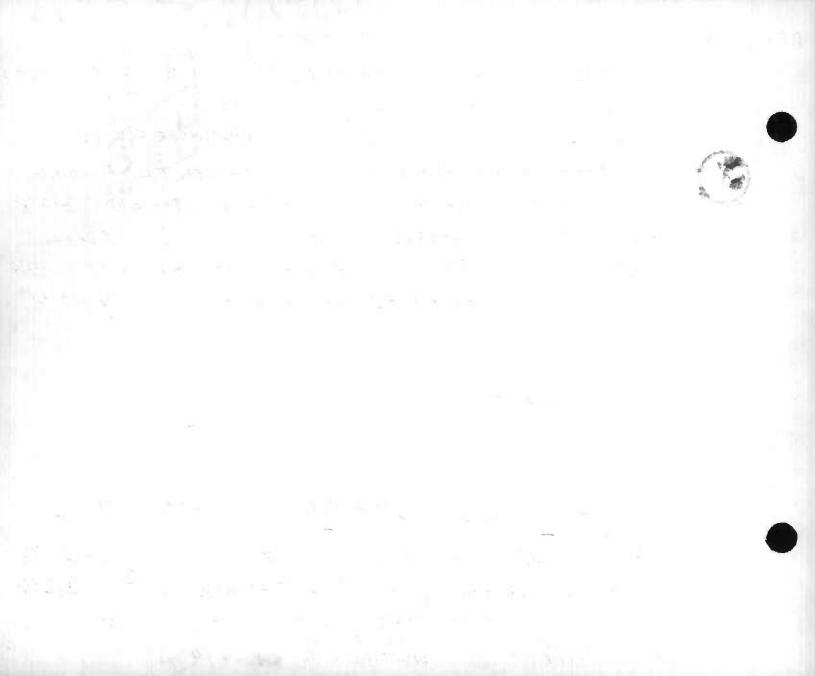
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6010 REISTERSTOWN RD. BALTO, MD 21215

(VRA 15, 4)

STATE OF MARYLAND

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		22b. SIGNATURE	or view the body	oner deom.		DEGREE		22¢ D	ATE SIGNED
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HOSPITAL by the FUNERAL wild be detected by the Store CORTANE.		22d PHYSICIAN'S NAME (TYPE O	OR PRINT)			22e ADDRESS			
		Dr. Tomhe				St. Joseph	Hospital		
5 g 5 g x x x	23a.	BURIAL, CREMATION, REMOVAL	236 DATE		23c, NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
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(VRA 15, 4)	H	ubbard Funeral	HUme, I	nc., 4	IU/ Wilk	ens Ave.	110 - 1300		

0-01079	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE & 6 O	7011
nay be page 3		CEASED NAME Nancy	G.	LANNON	March 20, 198	
Page 4 m director, i	3. SE	RTHPLACE (STATE OR FOREIGN	1 RACE 1 H T S 1 CITIZEN OF WHAT COUNTRY	S. DATE OF BIRTH MONTH DAY FSB 11 1903 8. MARRIED DIEVER MARRIED DIEVER		FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
ours ofter death. In by the funeral thin 72	R	ARYLAND TY OR TOWN OF DEATH SSOALS ALRESIDENCE (IF NURSING HOME OF	111. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE FRANCH FACILITY, GIVE STREE FOTHER INSTITUTION GIVE RESIDENCE BEFOR	SQUARE HOSP	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) AT HOME	MD. 12b. KIND OF BUSINESS OR INDUSTRY
AKTTAND 2 within 24 ho pletely filled i	130.	ARYLAND BAL	MIDDLE LAST	13d. INSIDE CITY LIMITS? YES NO NAME FIRST	I 30 STREET ADDRESS / ZIP CODE	AVS LAST
ALLIMOKE, M Te be executed action and com sers. Pages 1 m the medical in		10	ALSO	TODA FAMILY	RECORDS ADDRESS	
that the death certificate do by the attending physical by the attending physical lease remove carbon paper ial, cremation, or removal. or other traumatic event, the		PART I. DEATH WAS CAUSE	ally ane cause per line far (a), (b), and D BY: Cardiop of the Cause (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ulmonary affect		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he law requires on. has been signe permit. Then permit. Then permit to bur ows any injury, it	CERTIFICATION	PART 2. OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
NG PHYSICIAN. The ic attending physicion. ther this certificate has so the buriol-transit per th and Mental Hygiene. The hord Mental Hygiene.	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (FEITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	AY YEAR 19 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	COUNTY STATE
HOSPITAL OR ATTEMDINguined by the hospital or FUNERAL DIRECTOR: A solid be detoched for use, the store Dept. of Health operating them 21 is many than the store of the store Dept.		22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	warch 20 with view the body ofter death.	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	death accurred an the date and have a	22. DATE SIGNED /86
HOSI Pould b		Carros J	Page, M.D.	9000 Fran	klin Square Dr	ive, 21237

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR 236. DATE

23r. NAME OF CEMETERY OR CREMATORY 3-24-1986 PARKWOOD LS DE MEMORISS HARFORD

23d LOCATION CITY OR TOWN

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ter d	3 SE	×	24=27	4 RACE		5 DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DATE	IF UNDER 74 HRS
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au au	14 F/	ATHER'S NAME		MIDDLE	LAST			MAIDENNA	ME			
50	-	David		WIDDLE	Lawrence		Lena	FIRST	MIDDI	.t	Ï	heil
1		WAS DECEASED EVER			166 SOCIAL SECU	URITY NO	17 INFORMA	NT	AD	DRESS	100000	
1	(YES, NO OR UNKNOWN)	1949	-1962	176-16-	-6199	Mrs. A	.R.Law	rence 1308	Brixt	on Road	21239
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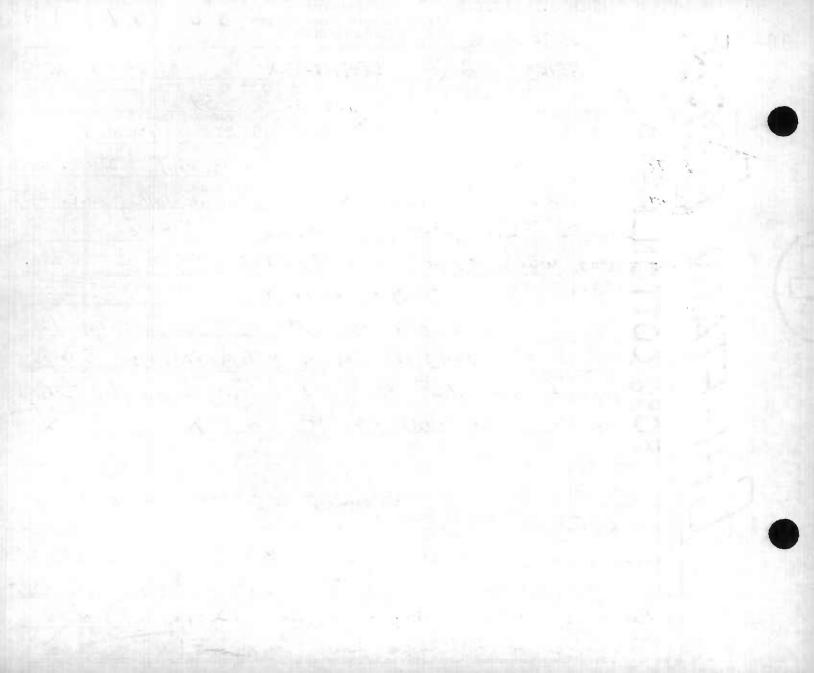
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interior Service Servi

Leonard J. Hack Jac. Baltimore, Maryland

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Pages /		WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCES?			17 INFORMANT MRS	MIGNON BA	ÉIMAN LTO., MD	21208
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BP		BURIAL, CREMATION, REMOVING (SPECIFY) BURIAL	MAR. 2	4,1986 B	ETH H	MEDROSH HOSO	23d LOCATION CITY OF TOWN	BALTO	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR SO		ADDRESS		I MA	R 2 7 1986	ZI ME STABLE	GNA Adindess

	ARDEN G.	LIVINGSTON	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	TENE 8 6 0	7019
01998	- STATE REGISTRAR ARD		CERTIFICATE OF DEATH	REG. NO.	
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of the M	ALE /4	CAUCASIAN	5. DATE OF BIRTH 12/25/20	AGE (IN YEARS LAST BIRTHDAY) IF	UNDER TYEAR IF UNDER 24 HRS
P	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUNTY COUNT	OF DEATH LNTY MD
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1235 In	UAL RESIDENCE (IF NURSING)	TY 130 CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 845 No. Collin	igton Ave, 2120
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At Distincted one Dept	22b. SIGNATURE	then III	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	03-27-86
SORTA N	Stephen	Lucoln ME	7620	York Rd., Balto	· County Med
	BURNAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d POCATION SALOR TOWN	COUNTY STATE
16 60M 7/84 (A 15, 4)	FUNERAL DIRECTOR	4 1211 (ADDALSS	SCO Avo, ADI	E REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE



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Spital or CTOR. A d for use al for use n 21 is ma		220.1 certify that (I) (sow the deceased above, (I) we) (di	d alive on	3-4	4- 198		nd that in (my) (our) opinion	death occurred on the d	ote and hour o		
TAL OR yy the hory the hory tote Dept		226. SIGNATURE	111	10	ey		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [22c DATI	E SIGNED
O HOSPITAL etained by t TO FUNERAL should be de-		Dr. Wymai		ong	/		6730 Holabi			. 212	22
5 6 7 8 8		BURIAL, CREMATION, R	EMOVAL	716 DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP		Burial UNERAL DIRECTOR		3/31/1	986 0	k La	wn Cemetery	Baltimore	e, Mary	land	21224

Trind Pands 22

Walter Brooks Bradley Inc. Balto., Md. 21222

DHMH - T6 60M 7/84 (VRA 15, 4)

-00201	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 6 6	0	10	23
4		CEASED NAME FIRST	WIOOFE	L	AST	20. DATE OF DEATH		YEAR 2b	HOUR
tor, page 3	LIAB	e or print) Anna M	LYNCH			March 12,	1986	12	2:05Am
Pog er de	3. SI	X Auto 11	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER TYEAR IF U	NOER 24 HRS
ector.	1	Female	White	8/307	1906 YEAR	79	YRS.	ITHS DAYS HO	JRS MIN.
neral dir	10 E	IRTHPLACE (STATE OR FOREIGN COUNTRY) alto., Md.	16. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	DI NEVER MARRIED DI DIVORCED	Baltimore city o		DEATH	MD.
oy the fu	10 0	osedale	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Franklin Sq	STREET ADDRESS)		120 USUAL OCCUPATE (1YPE OF WORK FOR MOST OF Housewif	ON F WORKING LIFE)	12b. KIND OF BU INDUSTRY Homemo	
filled in lovel be	Ust. 13a.	STATE Md.	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c CITY OR	BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO [3301 Lev	ZIP CODE		
ond 2	2"	Frederick	C. Stoc.		15 MOTHER'S MAIDEN NAME Ellen	ME MIDDLE	Cho	allner	
n and co	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL	SECURITY NO. 54-4981	Mrs. Elle	imore, Md m M. Butt	\$ 2120 a-5619)6 Garde	envil l
quires that the death signed by the attence co burial, cremation, to divy, an other trouma	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) Pneumo DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	Onia SEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	
he law rean. on. has been t permit. I ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDINGS NG CAUSES OF I	USED DEATH?
ICIAN: T g physici entificate ral-transi intol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART	I OR PART 2)	
offending offer this c s the burn of and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, O	FFICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
OR ATTENDIN e hospital or DIRECTOR. Af oched for use a Dept of Health		220.1 certify that (X (this hasp saw the deceased alive ar abave, (X (we) (did) (X X)	tal) attended the deceased f March 12 t) New the bady after death.	.19 <u>.86</u> , ar	d that in XvX) (our) apinian	, to _March death accurred on the do		nd from the cause	
by the ho by the ho JERAL DIRE State Deptite		22b. SIGNATURE R. WOODWOOL 22d. PHYSICIAN'S NAME (TYPE OF	d mn		ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC	FIAN 🗹	3-12-8	
TO HOSPITAL (retained by the TO FUNERAL Is should be detain with the State IMPORTANT; if	230	R. Woodward . N	1. D.	73r NAME OF C	9000 Frankl	in Square D	r., 212	237	
BP		(SPECIFY) Burial	3/14/86	Holy Re	deemer Cem	etery- Ba	ltimor	e, Md.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR John A					ZOD, KEGISTRAI	R'S SIGNATURE	lette

Harrey Ma. L. J. L. S. J. busedqle . Frankita semore insp.

Purial 3/14/c6 Arly Redeemer Cometery- Baltimore, Ad.

1951 Leventer 200, -- 2122

Faltimore, Ma. 21206

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Houseville Hosewoker

Elle 4-1961 Ann. Ellen H. Buito-3619 Gandenutile

Frederick C. Moch diver

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00-01300				MEI		EXAMIN	ER'S C	ERTIFIC	ATEO	F DEA	TH	REG. NO	5.			
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R CESSARY, PLEASE FEL MERAL DIRECTOR. FOR YOUR FILES. MITHIN 72 HOURS PREFTON STREET.	FO	Marylai	nd	U.:	S.A.		WIDOW		DIVORCE		Bal	ltimo	re Co	ount	7	MD.
の本名品を	10. CI	ITY OR TOWN O		11. NAME OF HOSE	PITAL, NUI	RSING HOME	OR OTH			12a. USU	AL OCCUPA	TION (TYPE	E OF WORK	126. KIN	D OF BUS	INESS
THE SERVICE OF THE SE		Baynesv:	ille	8523 W	ater	Oak Rd	. (R	esiden	ce)	Ret	Secre	etary		Ba.	It. C	ity
THE NEW T	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132. CITY OR TOWN 134. INSIDE (174 LIMITS? 136. STREET ADDRESS															
S Section 2	Maryland Baltimore Baynesville YES NO TO 8523 Water										Oak	Oak Rd. 21234				
S Sauce 8	14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME															
# 42.808.20	Richard Feder Pauline MIDDLE											Thoi	n			
AOR NAGES	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS										,			1000		
L. BALTIMORI NEX AFTER B. B. GIVE P. C. WITH FO. TI. PAGES I A. DIVISION OF	(Y	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 100 SOCIAL SECORITINO. 214-40-3013 John R. Lyston 8523 Water											er O	er Oak Rd. 2		
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W. WENCE WINNER OR HAND			to immediate tating the under-	DUE TO, OR		SEQUENCE (
BIVISION OF VITAL RECORDS, 201 W. PRE S. CERTIFICATE SHOULD BE EXECUTED WITH RING THE WORD "PENDING". IN PENCIL ROED TO THE CHIEF MEDICAL EXAMINER R. 3 SHOULD BE USED AS A BURIAL. TRANS TE DEPREMENT OF HEALTH AND MENTAL IS TO PRIOR TO BURAL, CREMATION, OR RED		lying couse	last.	(c)							1					
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D BE EXE ENDING MEDICA ASA BU CREMA	Z	1000	190													
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EXAMINER: CERTIFICATE OULD BE FOR A. WITH THE MARYLAND,				e of the remains desc			TX	у С.,	Inspection	,	Inquiry L		nd in my a	pinian		
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ZER ZER	1	SIGNATURE M.D. V CT MEDICAL EXAMINER SIGNED 71. C.)											100			
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BARITIMORE, MARYLAND.	23 ₀ .B	10 BURIAL, CREMATION, REMOVAL 236 DATE 231, NAME OF CEMETERY OR CREMATORY 23d, LOCATION														
BP	(:	specify) Bur	ial	3-26-19	188	Farks	boot	Cemete	rv	CITY C		imore			rvla	_
DHMH • 17	24 F	UNERAL DIRECT		200			774			REC'D. BY	REGISTRAR					
(VR A15 ME (5))			J. Ruck	, Inc. B	altin	nore, M	aryl	and	MAD	2.6	1986		الكالمة (المسال)	21		
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STATE OF MARYLAND

4	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL H	HYGIEN	IE 5 5	o. (0 / 0	is the sale
		CEASED NAME	FIRST		MIDDLE		AS1	2 a	DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
	(1172	OK PRINT)	Premer	ı Ed	ward	Ma	acciola		March 1	16,	1986	1:00PM
	3 SEX	(4 RACE		5. DATE C		6	AGE LIN YEARS LAST BIRT	HDAY)	MONTHS DAYS	
	M	ale		White		Augi	ist 31, 1905	5	80	YRS	MONIHS DATS	HOURS MIN.
-	7a BIR	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DXX NEVER MARRIED	9.1	BALTIMORE CITY O	R COUNT	TY OF DEATH	
	N	ew Jersey	У	U.S.A	•	WIDOWE		0	Baltimo	ore	County	MD.
7		ossvile	DEATH		1111 Squar		Spital		USUAL OCCUPATION			OF BUSINESS OR
)	13a. S		136 COUN Bal	other institution ity timore	GIVE RESIDENCE BEFORE A 134 CITY OR TOWN Middle R		134. INSIDE CITY LIMITS	5? 13	SIREEI ADDRESS / 2123 Firet	ZIP COL	Road	21220
×	14 FA	THER'S NAME		MIDDLE	LAST.	Later	15 MOTHER'S MAIDEN	NAME	0.2			
	D	aniel			Macciola		Sarah		WIDDLE		Brun	10
		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRE	55		
	N		(IF 1ES, GIV	E WAR OR DATES	217-07-9	445A	Mrs. Thelm	na R	. Macciola	sa	me as 1	3e
		18 CAUSE OF DE	ATH (Enter or	ly one couse per	line for 101, (b), and		n en le				BETWEEN	XIMATE INTERVAL
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		112		DUE TO, OI	R AS A CONSEQUE	NCE OF						
		Conditions, if a		(b)	Serie P	41						
		cause (a), sto underlying car	ating the	DUE TO, OI	R AS A CONSEQUE	NCE OF						
	Z	PART 2 OTHER S	IGNIFICANT (ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	TERMINA	AL DISEASE OR CON	DITION G	GIVEN IN PART 1	(a
1	ATIC	19a DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
	FIC								YES X NO		TIFYING CAUSE YES 🛣 🗌	S OF DEATH?
/	CAL CERTIFICATION	210 ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	CURRED				
	MEDICAL	21d INJURY OCC	URRED	21e. PLACE	OF INJURY	PAS FTC 1	21f LOCATION	ir-s	CITY OR TO	wn	COUNTY	STATE
	2		WHILE WORK									
		220 I certify that saw the dece above, (II) (we	(this hospi	March	e deceased from 16	86 ^{Ma}	rch 14, 19_8 nd that in (\$x) (aur) opini			16 ate and he		, that \(\mathbb{W}^*(we) last e causes stated
		226. SIGNATURE	ncent	Mo	rejon,	mK	ATTENDING PHYSICIAN	IG N	MEDICAL STAP		²² 3 ^{DAT}	L6/86
/		Vince	ent Mo		MD	W.	9000 Fr	ranl	klin Squ	are	Dr., 2	21237
	23n R	URIAL CREMATIO	N REMOVAL	123h DATE	23r N	AME OF C	EMETERY OR CREMATOR	nev 1	23d LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is

Burial

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

3-20-1986

Baltimore, Maryland Moreland Mem. Park 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	西京工文学	3 SE	4 RAC	E	5. DATE OF B	BIRTH	YEAR	AGE (IN YEAR		DER TYR.	IF UNDER		c. DATE		MONTH	DAY	YEAR	2d HOUR
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	SECTION		reign country)		II C	71			MARR	IED NEV	VER MARR DIVORC	IED L		10	UNU	74		
	SHARE S		TY OR TOWN OF DE	ATH	U.S.		TAL JURS	SING HOME	-				Balto	ATION (TYP	-	12h Kib	ND OF BUS	MD.
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34	E-SEE		THER'S NAME FIRST		MIDDLE		LA	51		15. MOTHE	R'S MAIDE	NAME	MI	DDLE		1	LAST	
380	AN ANDEA		ank				Madig			E11.						Eag	gan	
IM	SEC. PER	16a \	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?		166. SOCI	AL SECURITY I	NO.	17. INFORM	AANT			ADDRESS				
N. A.	ANT DAY	No					213-	07-700	0	Caro	lyn S	ofine	owski		Sam	ie as	s 13e	
- 3	DIA WE		18 CAUSE OF DEAT	H (Enter only	one cause pe	er line lo	r (a), (b), a	ond (c).)								AP	PROXIMATE	INTERVAL
2	CENT OF THE CENT O		PART I DEATH W	AS CAUSED IMMEDIATE	BY:		AS.	PHYXI	177	1000						BETW	VEEN ONSET	AND DEATH
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	XAMIN XAMIN XAMIN AL-TR MENT		cause (a) stating	the under-	DUE TO	O, OR AS	S A CONSI	EQUENCE OF				VILO	-	7,000	6/	-	Ciqu	-vies
201 W.	N. AEL		lying cause last.						_									
DS,	AAL AND		PART 2 DTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING 10	DEATH BUT	NOT RELATE	O TO THE TERMIN	AL DICEASE	OP COMOTION	CINCH IN BA	DT 1						
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<u> </u>	RETING RETING REDED GE 3 SI TE DEP	MEG	WHILE NOT				Y, FARM, ETC.	(AT HOME,		CATION TREET			CITY OR TOW	N	co	UNTY		STATE
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	EXAMINER: CERTIFICATION ULID BE FORE UNITH THE: WARYLAND		death resulted from				ccident		de 🕡	Homici			rmined mar		o m my op	illion.		
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	SEA SEA			1		/	0	(2006	1011	MEDIC	AL EXAMI	NER	SIGNE	D	11/4	6
	A PER COUNTY	(Carriery)	EXAMINER'S NAME (TYPE OR PRINT)	A 7	OHN		14	STE	פיתון	ADDRESS	DIE	NTM	112 2	A, B	76	2	120	18
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUT TO FUNERAL D AFTER DEATH, BALTIMORE, M	23a.BI	IRIAL, CREMATION R	EMOVAL 238	DATE		123c NA	ME OF CEME		ADDRESS	RY	123d 100	ATION					
07/84		(5	rial		3/12/1	986		oodlaw		CREMATO		23d. LOC CITY OI	timor		COUN		STAT	
25M	BP	24 Ft	INERAL DIRECTOR D	uda- P	0) 12/ 1	200	AAG	Odtawi	1	12	So. DATE R		REGISTRAR		STRAR'S S		Maryl	and
	DHMH - 17 (VR A15 ME (5))								0.7		M	AR 1	7 100	4	que's		202 4	E-60
	1 . W V 1.2 14 F (2))	19.	22 Wise Av	enue	Dun	dal	c, Ma	ryland	21	.222	1105	41 7	0 100	of dies	المهالية المالية	١١١٥٥٠٠	Seater	مناقال

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DHMH - 16 50M 4/83 (VRA 15, 4)

General Home

24 FUNERAL DIRECTOR

1401 BelAIR R. BHLTO MD 21232

CHY OR TO Baltimore OUN Maryland ALE

COUNTY

22c. DATE SIGNED

03/05/86

26 HOUR

126. KIND OF BUSINESS OR

Homemaking

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

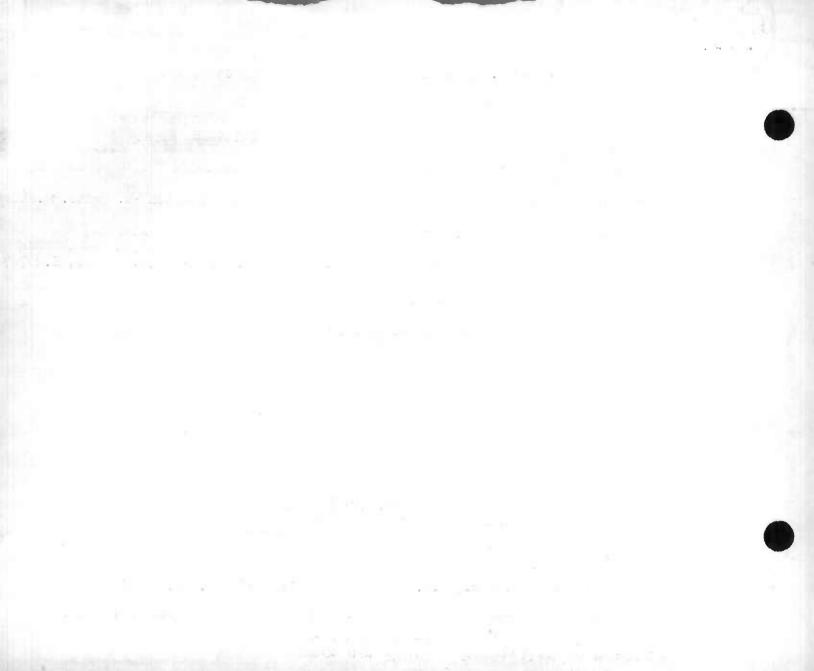
DAYS

INDUSTRY

4:15a M

IF LINDER 24 HRS

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	1		FOR			DEPART		E OF MARYLAND LEALTH AND MENTAL H	HYGIENE 8 6	0	7 0 3	0
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0 2 0 0 0	9		EASED NAME		7	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY		HOUR
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A B B B B B B B B B B B B B B B B B B B			saw the deceas	ed alive an	March	28 19			ian death accurred an the	date and haur o		
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(VRA 15, 4)		M	artin D.	Laws	oh, IV	W. Pad	onia F	ld. 21093	APR 02 1986	ALC: WALL	. (

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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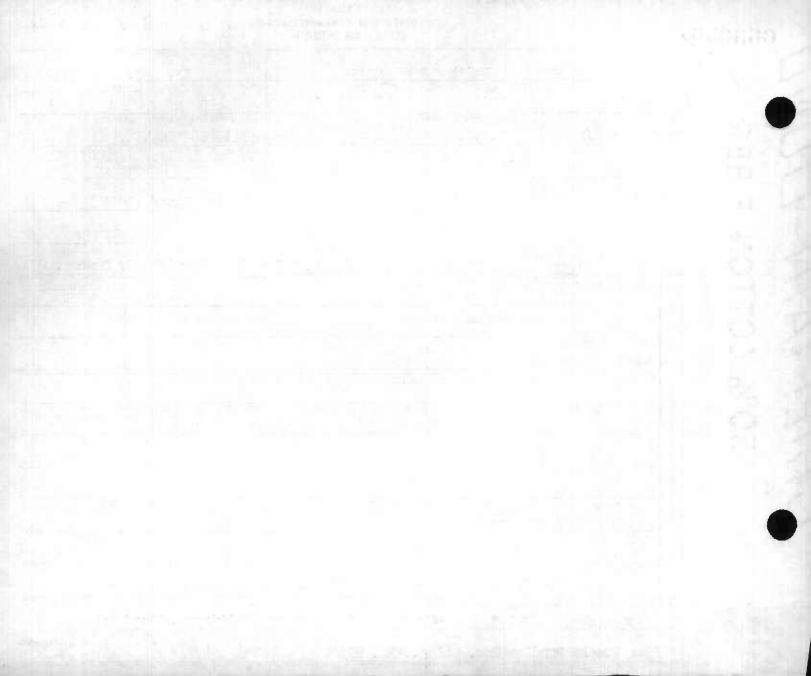
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Walter Brooks Bradley Inc. Balto., Md. 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.					

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056	1-	FOR STATE REGISTRAR		DE		HEALTH AND MENTAL HY	GIENE 6 6	.	10	5 3
1		CEASED NAME FIRS	ī	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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1	3. SE	(4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
1		Female		White	Tö	12 1900	85	YRS		
n	. (RTHPLACE (STATE OR FOREIGN		N OF WHAT COL	INTRY? 8 MARRI	D NEVER MARRIED	9 BALTIMORE CITY			
		th Carolina		U.S.A.		ED DIVORCED	BALTIMORE			MD
6	/	TOWSON	GRE	EATER BAL	TIMORE M	OR OTHER INSTITUTION IEDICAL CENTER	120 USUAL OCCUPAT (TYRE OF WORK FOR MOST C		INDUSTRY	OF BUSINESS OR
8	F]	lorida Pa	OUNTY Im Beac	13c CITY C	DRITOWN	13d. INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 508 Rye L		444	1999
ni	4 FA	THER'S NAME	MIDDLE	Į,	AST	15. MOTHER'S MAIDEN NA	AME		LAS	T
10		Jesse	E.	Kei		Kate			Berge	
2		VAS DECEASED EVER IN U.	S. ARMED FOR ES GIVE WAR ORD	ATES)	AL SECURITY NO	17 INFORMANT	ADDRI			21204
2		No		213/0	3/2884	Keith W. McB	ee 1207 Ber	wick Ro		
		18 CAUSE OF DEATH (Ent PART) DEATH WAS CA	er anly ane car AUSED BY: EDIATE CAUSE	DNEL	MONIA				BETWEEN O	MATE INTERVAL ONSET AND DEATH
	TION		DUE DUE		NG TO DEATH BU	T NOT RELATED TO THE TERA				
4	CERTIFICATION	190 DATE OF OPERATION	190	ONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	YES NO X	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	OF DEATH?
1		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH HO	IME OF INJURY UR A.M. MON P.M.	TH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORRART 2)	
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	LAT H	PLACE OF INJURY DME STREET, FACTORY	OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
0		220.1 certify that (1) (this saw the deceased oliv abave, (1) (we) (did) (d				nd that in (my) (our) opinion	death accurred an the de	ite and haur a	nd fram the	
		226. SIGNATURE Clan C 22d PHYSICIAN'S NAME (ilonfry	5)	ATTENDING PHYSICIAN [MEDICAL STAI	IAN X	3 DATE	SIGNED 86
1		ALAN MA	ALOUF,			GBMC - 670	01 N. CHARLE	S ST 2	1204	
	(URIAL, CREMATION, REMO SPECIFY) Cremation		5/1986	A STATE OF THE PARTY OF THE PAR	CEMETERY OR CREMATORY Ount Cremator	<u></u>			STATE
1 7/84 I)		Iter Brooks	Bradlev	Inc. Ba	Ito., Md		MAR 5 198		R'S SIGNATI	URE Mandale



Connelly Funeral Home 300 Mace Ave. 21221

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3) - STATE CERTIFICATE OF DEATH REGISTRAR

REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) March 24, 1986 5:45a 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY 13e STREET ADDRESS / ZIP CODE 1931 Silver Lane 21221 Evler

ADDRESS George McCarter 9512 Horn Ave. 21236

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN COUNTY

_19___86__ and that in (my) (our) opinion death accurred on the date and have and from the causes stated

9000 Franklin Sq. Dr., 21237

3/27/86 Maryland Buria1 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

DHMH - 16 60M 7/84 (VRA 15, 4)

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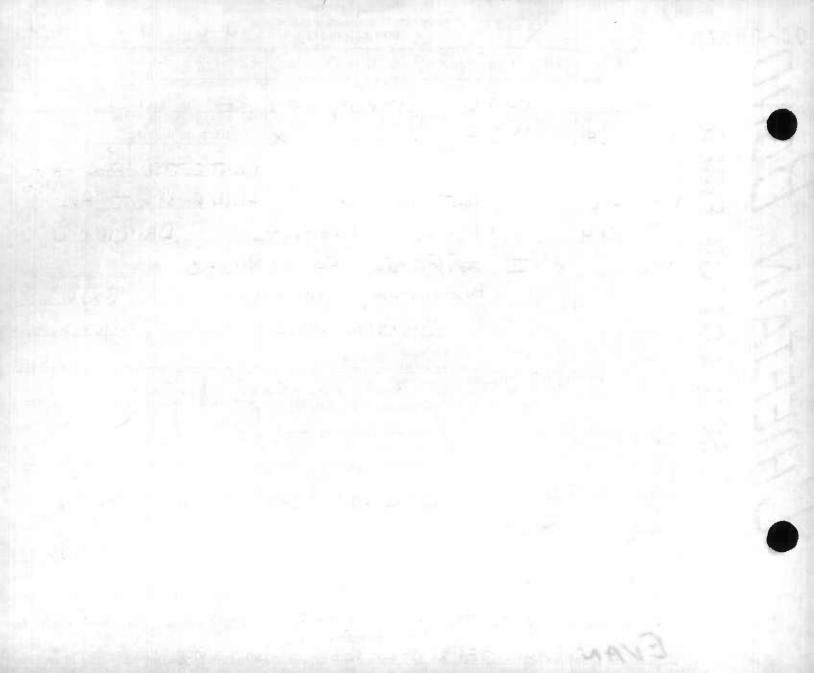
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-0163 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN YPE OR PRINT OF DEATH MATER JOSEPH AGE (IN YEARS IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCE MALE DEAD 58 YRS H BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Maryland Baltimore County OSPITAL, NURSING HOME, OR OTHER INSTITUTION II. NAME OF JOSEPHS HOSPITAL TOWSON Salesman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 30 STATE 113b. COUNTY 13c. CITY OR TOWN MD 20830 OLD YORK RD NO TX YES . Baltimore Parkton 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRST McClure Ray Greer Joseph Hobert Dema 166. SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 20830 PESId York Road (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 205-22-3626 Norma L. McClure, Parkton, MD 21120 WWII Yes 18 CAUSE OF DEATH (Enter only one cause per li PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES . 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, III. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection . and in my opinion Inquiry Undetermined manner EXAMINER'S NAME TYPE OR PRINT) 0 30 BURIAL, CREMATION, REMOVAL 236, DATE 236 NAME OF CEMETERY OR CREMATORY 23d, LOCATION (SPECIFY) Mar. 26,1986 West Liberty Cem. White Hall, Burial Balt., Second at Franklin St 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) J.J. Hartenstein' New Freedom, PA 17349 15M 7/76

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201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS.

1	REGISTRAR		CERTIFICATE C)F DEATH	REG. NO.		
	1. DECEASED NAME FIRST	WIDDIE	LAST		20. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
	Sister Helen	Agnes McGee			March	5, 1986	2:59p,
ı	3. SEX	4 RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDA		
	Female	Caucasian	March 31	, 1921	64	YRS. 11	S HOURS MIN.
	Ja BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEV	ER MARRIED X	9 BALTIMORE CITY OR C		
	Philadelphia, Pa	U.S.A.	WIDOWED	DIVORCED [Baltimore (County	M
	AD CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	DDRESS)	INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
4	Stevenson	Villa Julie Inf:			Education	Educ	ation
			1 13d. INSI	DE CITY LIMITS?	13. STREET ADDRESS 1531 Green S		1153 ley Road
	14 FATHER'S NAME	MIDDLE LAST		ER'S MAIDEN NA			
	Frederick L. McGe		Ne1	1 Carlin	Middle		12A
	160 WAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFO	RMANT	21153 ADDRESS	7 7 0 7	
	(YES NO OR UNKNOWN) (IF YES, GIV	269-40-3	1363 Sr.	Catheri	ne Dolores Cr	1531 Green ess Vall	nSpring ey Rd.
	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	11 42 41 14	pulero	wey	Laclevel	APPRO BETWEET	NONSET AND DEATH
	Canditions, if ony, which	DUE TO, OR AS A CONSEQUE	tateo de	lisea	el		1 42
	gave rise to immediate cause (5), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		2/12	estum	2	-yrs
	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELA	TEN TO THE TERM	AINAL DISEASE OR CONDITI	ION GIVEN IN PART	lia
CAL CERTIFICATION	IN INCIDENT OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PE	RFORMED		Db. IF YES, WERE FIND CERTIFYING CAUSE YES []	
			Y YEAR	V INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FA	RM ETC)	ATION	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive an	tal) attended the deceased from	3 c, and that in (my) (aur) apınian	, to 5 mo	27, 19 8 and hour and fram the	That (1) (we) lost e couses stated
1	77h SIGNATUSE	now the body other death.	DEGREE			22¢, DAT	E SIGNED
1	1. 11/4	- seen to	AND MARKET	ATTENDING A	MIDICAL STAFF	7	mos 8

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236 DATE

224 PHYSICIAN S NAME (TYPE OF PRINT)

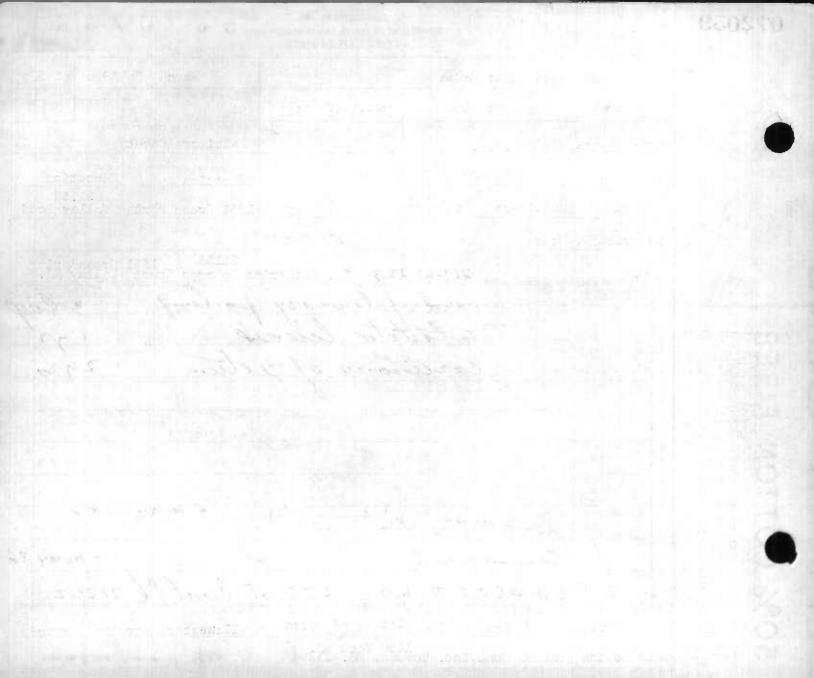
23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION

March 8, 1986 Sisters of Notre Burial Ilchester, Maryland Howard 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Inc. Towson, Md. 21204



			STATE OF MARYLAND	2 6 0 7 0 4 9
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0-02612	1/	STATE REGISTRAR	CERTIFICATE OF DEATH	
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yo 00 b	3. SE:		4 RACE S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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s o de de		11 all	What 05 23 13	72 YRS
P 200 00	74. BI	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH
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9 5 5	126	2/to . 1111)	WIDOWED DIVORCED	County MD.
5 93 G X	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR
= + + + + /	1-	Salka Ca	(IF NOT IN SHEM EACH ITY, GIVE STREET ADDRESS)	STOSET SHIESDER RAITO CITY
20 5	71511	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	Suce sweeter but in
121	13a. S	STATE 13b COU	NTY 13c. CITY OR TOWN / \$13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE
N 24 (1) (1)		My Bal	W. W. TOWSON YEST NOR	240 ROGERS FORLY ED
A d	14. F.A	THER'S NAME	15 MOTHER'S MAIDEN N	
8 3 5000		FIRST	MIDDIE M IAST A/B/ C NA FBS	MIDDLE
MAR w		JOHN	J. MICGINNIS HNNIE	T. FINNERTY
Se los		VAS DECEASED EVER IN U.S. AF		ADDRESS
MORE e execu	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 217-165429 FA	AMILY RECORDS
		,,,,	11/10012	
ST., BALT rificate b a physicio an papers. emoval. event, the		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		IMMEDIA	TE CAUSE (U)	
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dec dec		Conditions, if ony, which	(1b) themonia	
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by th by th l, crer other		underlying couse lost		
o the policy			(c)	
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RDs of the similar to	Ó			
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offer this certificate has been sign of the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury orked or Item 18 shows any injury	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
he lo on. hos t pere	5	12 / 12 / 20/10		IN CERTIFYING CAUSES OF DEATH?
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VITA Nysica Coote Coote Hygin Hygin Sak	U	210. ACCIDENT WAS UNDERLYING	THE WALL THE WALL THE WALL	URRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SICIAN: ng physing physical certificol rentition in the seriol Hy	4	OR CONTRIBUTING CAUSE OF DE	AIII	
ON OF HYSICIA ding pl is certif buriol-t Mentol	2	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) P.M. 19 21e. PLACE OF INJURY 21f. LOCATION	
PHY ending this of M	MEDICAL		(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR LOWN COUNTY STATE
DIVISH ING PH Nfter th os the ith and orked orked	~	AT WORK NOT WHILE AT WORK		
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THE TEN		sow the decement with the	3/31 19.86 and that is (my) (bur) apinio	on death occurred on the date and hour and from the causes stated
SCTC d fo			view the body after death.	
OR A DIRECTOR A DIRECTOR OF THE THEM		226. SIGNATURE	DEGREE	22c DATE SIGNED
the Dorte Dorte	-	SVEX	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [] 3/31/86
A Se ER of		224 PHYSICIAN'S NAME (TYPE		J. M. Col
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TO HOSPITAL eferance by the TO FUNERAL I should be detained the State I with the State I MADORTANT. If		Fracco	Balhm	10rd, Mal 21304
5 5 5 2 3 5	23a E	BURIAL, CREMATION, REMOVAL	236, DATE 23c NAME OF CEMETERY OR CREMATORY	
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DI	24 5	UNERAL DIRECTOR	1 00 1101	
DHMH - 16 50M 4/83		CONTROL DILLOST	TE MILIMOTEDORE 320 YORK RI- 1500	ATE REC'DI BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VRA 15, 4)	El	HIVY CHAPEL	UI UMIT TIM, MD. 21093	APRO 4 1986 June Hender- Margaret

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t of a		FEMALE	CAV	MONTH DAY YEAR	0.5	MONTHS DAYS HOURS MIN.		
1 11 1/1	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH		
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11 40	110 C	PARKVILLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET PERVING PKWY		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK BOOK KEEPER	126 KIND OF BUSINESS OR		
11 7/	USU 13a	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION OWE RESIDENCE BEFORE	ADMISSION	13. STREET ADDRESS / ZIP	OPE 02 1234		
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STATE OF MARYLAND

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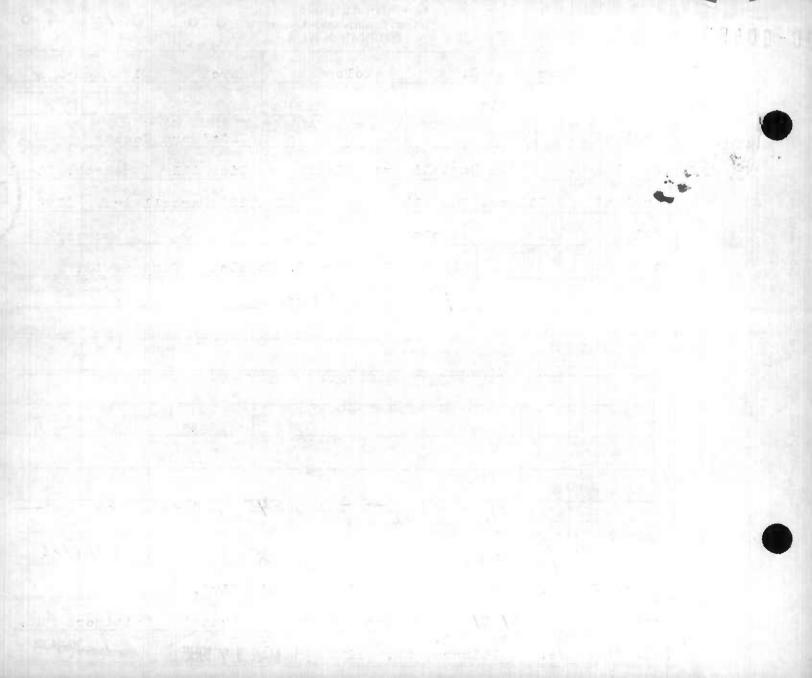
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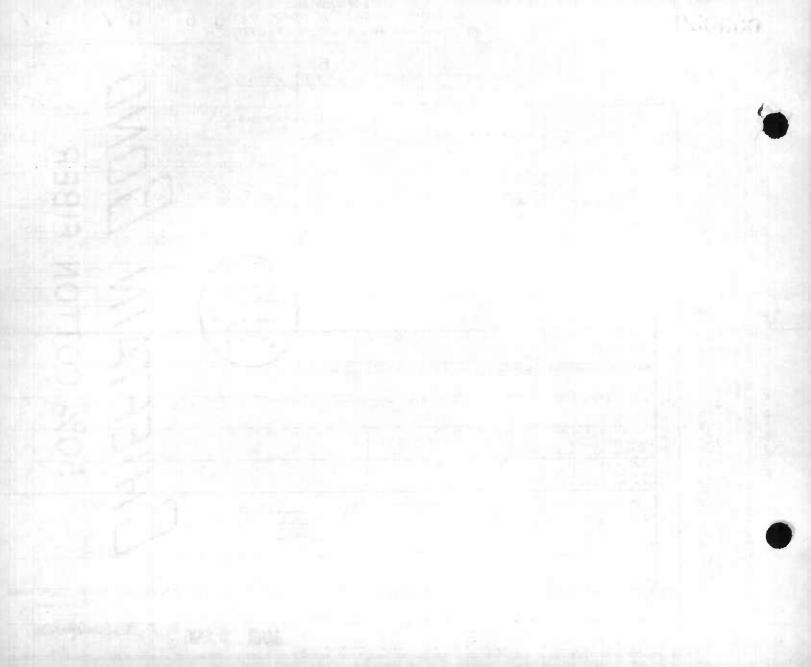
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STATE OF MARYLAND

25a. DATE REC'D.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN LTYPE OR PRINTS ESTI-DEATH MATED **MEMMO** ANTHONY I. -4 - 8619 ECESSARY, PLE-JUNERAL DIRECTO FOR YOUR FII WITHIN 72 HO IF UNDER 1 YR. 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS IE LINDER 24 HRS 2c. DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOLINCED DEAD 1943 3-4-86 $3:15a_{1}$ Male 42 YRS White 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore County U.S.A. WIDOWED | DIVORCED Maryland RETAIN PAGE S HOULD BE FILED. PECONOS, 201 W ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore County General Hospital Transportation B.G.& E. Randallstown ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NOXX 7840 Lockwood Road 21222 Baltimore Dundalk YES 1 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Vecchione Memmo Mary Gessippi 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-42-1370 Dorothy C. Memmo Same as 13e CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOX 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21 LOCATION 714 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKRAL DIRECTORE PAFIRE DEATH, WITH THE STANDORE, MARYLAND 2 X 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Notural causes Undetermined manner Suicide Homicide TITLE (SPECIFY) ACTUAL SIGNED3-4-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Korell, M.D. ADDRESS. 111 Penn Street Margarita A. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Oak Lawn Cemetery Baltimore Maryland 07/84 Burial 3/8/1986 25M 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE PEC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (51) 7922 Wise Avenue Dundalk, Maryland 21222



STATE OF MARYLAND

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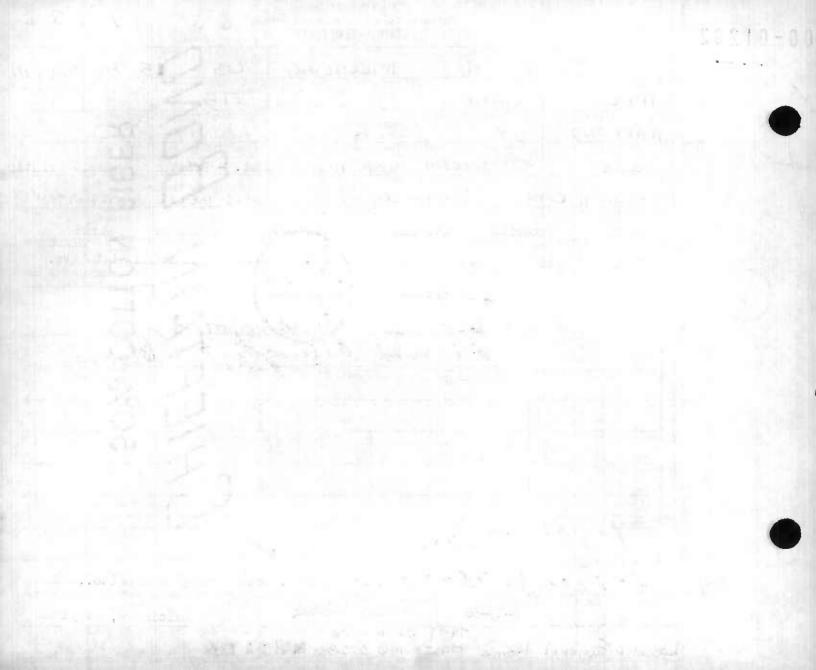
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO L DECEASED NAME FIRST 20 DATE KNOWN LIYPE OR PRINT) LENA MILCAREK OF DEATH MATER 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 63THDAY PRONOUNCE 76. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR MARRIED NEVER MARRIED BALTIMORE COUNTY UNITES STATES WIDOWEDXX DIVORCED III CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION I TYPE OF WORK 126 KIND OF BUSINESS (IF NOT INSTITUTE OF STATE OF THE STATE OF T OR INDUSTRY TOWSON USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS LINWOOD RD 2501 MD BALTO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS IYES, NO, OR UNKHOWN) [] IF YES, GIVE WAR OR DATES) RECORDS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line fay (a) (b), and (c).) PART I DEATH WAS CAUSED BY Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME TH LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion EXECUTE TO PAGE 4 SHOULD TO FUNERAL DIRECTO
AFTER DEATH, WITH THE PAGE AND Natural causes Undetermined monner EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY BP. 1256. REGISTRAR'S SIGNATURE TANDALL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHMH - 17 (VR_A15 ME (5)) 20M 4/82

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The S	22	PHYSICIAN'S NAME (TYPE	OR PRINT)	20000	226 ADDRESS	1	6-11)	1275
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1 3	23a. BUR	AL PREMATION, REMOVA	L 23h DATE	23c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	A A Acrare
	- Inde	Dar. h.	12/26/8	6 Gurr	- Formest	1 /1 /1 / 6	itr. In	WE.
OM 1/76	24. FUME	RALDIRECTOR	10 10	Manuel III		TE REC'D. BY REGISTRAR 2	b. REGISTRAR'S SIGN	
(4) }	1	- Cser	uld 11/	2Willow	to be	MAR 2 4 1986	- waland	our Handow
	16/	1.	1/10		/ / /	1004		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0		CEASED NAME FIRST	MIDDLE		LAST	20 D/	ATE OF DEATH		DAY YEAR	26 HOUR		
		Mabel	C.	MINITOR		Max	ch 9 19	86 1.30				
	3. SEX	× FeMale	4. RACE White	5. DATE O		6. AG	E (IN YEARS LAST BIRTI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
	7 0			Marc		17	68	YRS				
Y	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	MARRIE	D NEVER MARI	RIED 🔲	TIMORE CITY OF					
4		VA .	USA	ITAL, NURSING HOME			timore (MD.		
/	I	Rossville	Franktin	'''Square™Hos		ousewife	WORKING LIF	(INDUSTRY	F BUSINESS OR			
d	13a. S	AL RESIDENCE HE NURSING HOME OR STATE 136 COUN		ESIDENCE BEFORE ADMISSION)	138. INSIDE CITY L		REET ADDRESS /					
1	-		lto.	Essex			2 Townser	nd Ro	ad 2122	1		
6	14 FA		MIDDLE	LAST	15 MOTHER'S MA	IDEN NAME	WIDDLE		LASI			
-	16a V	Mitten VAS DECEASED EVER IN U.S. AR	MED FORCES? TIAL	Hitt SOCIAL SECURITY NO.	Ann i	.e	ADDRES		Shiflet			
			E WAR OR DATES)	19-12-6546		Smith 82	l Wisebur		White	21161		
-					Nancy c	Juil CII OZ	I WISEDUI	Lg Nu		MATE INTERVAL		
		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Respiratory Failure										
		Conditions, if ony, which ((b) Chronic Obstructive Pulmonary Disease										
		gave rise to immediate couse (a), stating the DUFTO OR AS A CONSEQUENCE OF										
9		underlying cause last	(c)									
	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL D	ISEASE OR COND	ITION GIV	EN IN PART 110			
4	CERTIFICATION	19a DATE OF OPERATION	Tink COMPITION	CORMANCE ORFRATIO			WEDE FOR LONDON					
2	IFIC/	IN DATE OF OPERATION	148. CONDITION	FOR WHICH OPERATIO		IN CERTIFY			, WERE FINDINGS USED YING CAUSES OF DEATH?			
	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	URY	21c. HOW INJURY	Y OCCURRED (FI	NO X		ART LORPART 2)	NO []		
1		OR CONTRIBUTING CAUSE OF DEA	1117	MONTH DAY YEAR								
	MEDICAL	216 INJURY OCCURRED	21e PLACE OF IN	CE OF INJURY 211 LOCATION								
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC.)	STREET		CITY OR TOW		COUNTY	STATE		
		220.1 certify that (X(this hospit			. 10	9 <u>86</u> , to	3-9			hat (X(we) last		
		saw the deceased alive an obove X X (we) (did) (dX/X/X	view the body alter	1986, as	nd that in 🏋y) (our:	opinion death o	ccurred on the dat	e and hour	and from the c	auses stated		
		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF								IGNED		
4		22d. PHYSICIAN'S NAME (TYPE O	3/9	1/86								
			/									
-	23a P	Martin B. Ge		122- NAME OF C	9000	Frankli	n Square	Dr.	21	237		
		SPECIFY) Burial	3/12/86		of Faith		ROSSVILLE	Ra	lto. Ma	rw1 and		
	24 FU	INFRAL DIRECTOR										
	C	onnelly Funeral	Home 300	Mace Ave. 2	.1221	MAR 1	4 1986	June 1	ACCOUNT A THE			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FOR

YES [NO F 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated The DATE SIGN 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial STATE April 2,1986 Nichols Bethel Cemetery Odenton, AA, 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Singleton Funeral Home, Glen Burnie, MD (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

12h, KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL

21230

IF UNDER 24 HRS

MAR

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

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. m.t	1		CEASED NAME OR PRINT)	FIRST		WIDDLE	LA	ST .	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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ge 4 mc		3 SE	Male		White		Aug.	19 DAY 1944 EAR	6 AGE (IN YEARS LAST BIR		INDER I YEAR	HOURS MIN.
See oth. Po	35		RTHPLACE (STATE ORFI QUNTRY) Maryland	OREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED		ore Cou		MD
s ofter d	37		TY OR TOWN OF DEA	TH .		HOSPITAL, NURSIN CU FACILITY GIVE STREET IN Square		ital	120 USUAL OCCUPAT		126 KIND O INDUSTRY	F BUSINESS OR
y filled in	35	*13a. S		13b COUL Bal	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	admission) N	13d. INSIDE CITY LIMITS? YES NO K	338 Oberle		21221	
With	5	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST	WIDDLE		LAS	ī
oted of	30	16 - 1	Fred VAS DECEASED EVER	H	MED FORCESS	Mohr	DITVINO	Dora 17 INFORMANT	V.		cson	
on ond	medica		res no or unknown)		E WAR OR DATES)	218-42-2		Norman Mohr				
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signed hen ple to burio	ijury. ar	N	PART 2 OTHER SIGN	IFICANTO	ONDITIONS C	ONTRIBUTING TO E	DEATH BUT P	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	IN PART 10	3
he low re- ion. hos been it permit. I	in Amount	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	DITION FOR WHICH	OPERATION		200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	
SICIAN: I ng physic certificate arial-trans	ltem B si	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTHY MEDIC	AUSE OF DE A	HOUR A	.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART ?}	
offer this os the but M and M	orkedor	MED	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	ne 🗆		OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
spital or CTOR. A for use	п 21 із то		220.1 certify that (1) sow the decease above, (1)	d alive on	1991	yary 4,0 9	Cetol SG, on	that in (my) (au) opinion	death occurred on the d	ote and hour a		
y the haran DIRE	ZT. If then		226. SIGNATURE	C	Deus	brot	D		MEDICAL STA	FF CIAN .	The Date	5/86
toined by Property of FUNE	PORTA		Dr. Er		isBrot			22e ADDRESS 46	alto.	id. D	1951	/-

23E NAME OF CEMETERY OR CREMATORY

Zion Lutheran Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR Connelly Funeral Home 300 Mace Ave. 21221

3/8/1986

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

250 DATE REC D. BY REGISTRAR'S SIGNATURE

Baltimore Maryland

Essex

(VRA 15, 4)

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North A. Jones, Jr 24 4101 Tompadeson ave. 2122

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	REGISTRAR				CERTIF	FICATE OF DEATH		REG. NO	,	2 0 4	
1	I. DEC	EASED NAME	arvin	We	skey	Moss	i i	24 DATE OF DE	March 5,		72 HOUR	
	3. SEX	Male		4 RACE Whi	te	March Control	rch 12, 1941	& AGE INTERE		FUNCER LITERS	#SINDER 24 HES. HOURS Mink.	
1		Missouri	POHICA	TE CITIZEN OF WHAT COUNTRY? U.S.A.			ED NEVER MARRIED	Balt	imore Cou			
/		isterstow			Wembley		OR OTHER INSTITUTION	Manage:	WOST OF WORKING LES	12h KIND OF BUSINESS OR		
7	USUA 13a. S	Md.	Bal	to.	Reisters		YES ☐ NO X	320 We	mbley Rd.	21136	5	
ĺ	14.FA	Marvin	На	rry	Moss		IS MOTHERS MAIDEN N.	Be	11'e	Lacey		
		YAS DECEASED EVER EN HO OF LANDWAY Yes	No. of the last of	-1963	491-46-5		Edna Jean Mo	320 W	embley Ro	Md.		
		Conditions, if any, gave rise to im- course to statis underlying cause	mediate og the	(d)	R AS A CONSEQUE	mon	a-Blot	nd Con	ulbe	Da	ys	
	NULL	and Sta	ge Re	ral Di	ONTRIBUTING TO D	CA	PD Honck	MINAL DISEASE C		EN IN PART LIO		
7	CERTIFICATION	21s. ACCEDIATE SALVES	F	21s. TIME C		A VELAR	MINIOW INJURY OCCUP	YES D N	IN CERTIF	YING CAUSES		
1	MEDICAL	214 INJUN OCCUR	The second second	JIW PLACE	M. OF INJURY SEET, FACTORY OF SEE F	U	TO CATION		n or town	COUNTY	TIME	
		22s.1 certify pot (I) five the discess phove (I) 22s.5 GG of USE/	ed alive on.	Feb.		84.	od that in (my) opinior	to	the date and hour	ond from the	hat (li j enid ast fouses stated	
		Darl Dayles light M					The state of the s	MEDICAL DIRECTOR D	STAFF PHYSICIAN []	Timos	1201	
		URIAL CREMATION.		March			CEMETERY OR CREMATORY ew Memorial 1			rvland	STATE	

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR Sulhard Owings Mills, Md.

136 DATE RECO BY REGISTRAN SEGISTRAN SEMINATURE

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Carlotte Land Comment Comment

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DHMH - 16 60M 7/B4 (VRA 15, 4)

Towson Towson Towson The Yorkleigh Rd., 21204 Towson Towson The Yorkleigh Rd., 21204 The Yorkleigh Rd.			HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS			
Allan W. Mund, Sr. Irma Kaufman 166 WAS DECEASED EVER IN U. S. ARMED FORCES? IN S. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 179 TYPE CONTROL OF THE STREET		130 0001111		YES NO X	116 Yorkleigh R	d., 21204
Allan W. Mund, Sr. Irma Kaufman 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 175. ORG WAS DECEASED EVER IN U.S. ARMED FORCES? 175. ORG WAS DECEASED EVER IN U.S. ARMED FORCES? 175. ORG WAS DECEASED EVER IN U.S. ARMED FORCES? 175. ORG WAS DECEASED EVER IN U.S. ARMED FORCES? 175. ORG WAS DECEASED EVER IN U.S. ARMED FORCES? 176. ORG WAS DECEASED EVER IN U.S. ARMED FORCES? 177. ORG WAS DECEASED EVER IN U.S. ARMED FORCES? 186. SCAUSE OF DEATH Enter only one cause per line for ioi, ib. and ic. 187. APPROXIMATE INTERVAL APPROXIMATE APPROXIMATE INTERVAL APPROXIM	14		DLF LAST			LAST
Test Conditions Test T				-		man
Same 1957-61 212 32 6994 Mrs. Allan W. Mund, Jr., Same 1967-61 212 32 6994 Mrs. Allan W. Mund, Jr., Same 1978-XAMAZE INTERVAL 1978-XAMAZE INTE	16			17 INFORMANT	ADDRESS	
PART I. DEATH WAS CAUSED BY THE TOTAL TO THE	L			Mrs. Allan	W. Mund, Jr.,	
Conditions, if any, which gove rise to immediate course (o.). starting the underlying course lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DEBILLY ATON CHRONIC LLNESS 180 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 2110. ACCIDEN		PART I. DEATH WAS CAUSED B	tonging on 1	a		APPROXIMATE INJERVAL BETWEEN ONSET AND DEATH
UNDERLINE COUNTY OF COUNTY		gove rise to immediate) Ib) RESPIRE	ATORY DY	SFUNCTION	10 Months
POBILITATION CHRONIC LLNESS 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTION A.M. MONTH DAY YEAR 19 OR CONTRIBUTION MEDICAL EXAMINER! P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT MOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased clive on MATCH 19 80 And that in (my) Individual County 19 10 ATTENDING ATTENDING ATTENDING ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MATCH 19 86 22a. PHYSIC (AN'S NAME (TYPE OR PRINT) 22a. ADDRESS SEDT LOCH RAVEN BUYD 2123. 9		underlying cause last.	AMYOTR			5 4 years
OR CONTRIBUTING CAUSE OF DEATH (F EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED NOT WHITE NOT WHITE AT WORK NOT WHITE AT WORK NOT WHITE AT WORK NOT WHITE AT WORK NOT WHITE NOT WHIT	1		NOTIONS CONTRIBUTING TO DEATH BUT	_	_	N PART Iro
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22e. I certify that (1) (this heapitel) attended the deceased from AUCUST, 19.85, to TNATCH, 19.86, that (1) (see lost saw the deceased alive an MATCH) 19.80, and that in (my) and opinion death accurred on the date and hour and from the causes stated above, (1) in (idid) (decease) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING AMEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MATCH 19.86 22d PHYSICIAN'S NAME (1YPE OR PRINT) 22e. ADDRESS JAMES F JOHNSTON MD GSPOB SEDI LOCH RAVEN BUXD 2 123.9		OR CONTRIBUTION C CALLER OF DEALTH	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
saw the deceased alive an MArch 17 19 86, and that in (my) opinion death accurred on the date and hour and from the causes stated above, (1) the (idid) (december view the body after death. 22b. SIGNATURE 22c. DATE SIGNED PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN MATCH 19 86 22d PHYSICIAN NAME (1476 ORPRINT) 22d PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DATE SIGNED ATTENDING MATCH 19 86 22d PHYSICIAN NAME (1476 ORPRINT) 22d PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DATE SIGNED ATTENDING MATCH 19 86 22d PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DATE SIGNED ATTENDING MATCH 19 86	No.		21e PLACE OF INJURY		CITY OR FOWN	COUNTY STATE
AGUNEST JOHNSton MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MATCH 1986 22d PHYSICIAN'S NAME (1YPE OR PRINT) 120e ADDRESS JAMES F JOHNSTON MD GSPOB S601 Low HRAVEN BUYD 2/239		saw the deceased alive an	MArch 17 1986	nd that in (my) —) apinion of	to 704 CH 19	
JAMES F JOHNSTON MD GSPOB SEDILORH RAVEN BLUD 2/239		games	1 Johnston Me	ATTENDING PHYSICIAN		MArch 1986
	L				and I all DA. Mac Re	12 01730
	-			1 - 5 - 0		LVO 71237
Burial 3/22/86 Loudon Park 236 CATION COUNTY STATE 3/22/86 Loudon Park Burial 3/22/86 Loudon Park Balto.	23	(SPECIFY)			CITY OR TOWN CO	
24 FUNERAL DIRECTOR Hanny W Jankins & Sons Co 250 DATE RECD. BY REGISTRAR 256 REGISTRA	24	FUNERAL DIRECTOR Henry			REC'D. BY REGISTRAR 256. REGISTRAR	SIGNATURE
4905 York Road Balto., MD 21212 MAR 20 1986 June Market	L	4905 York Road	Balto., MD 21	212	WAR 20 1980 Julies	with the state of

STATE OF MARYLAND

26 HOUR

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g/s2 'ss lou'en Park liu Henry W. Johning W. Do.

01845	1.	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG	SIENE	8 6 REG. NO.	0	1 0	6 5
(2)		CEASED NAME OR PRINT)	FIRST MTLD	RED	MARIE	m	AST MYERS	20 DATE OF	DEATH MONTH	25/	SEAR STA	HOUR 3 45 M
0	3 SE	× Female		4 RACE Whit	e.	S. DATE O	ary 23,1900		EARS LAST BIRTHDAY)	MONTHS RS	DAYS HO	NDER 4 HRS
12 PC	Ja 8	IRTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN		WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMO	recity or col	INTY OF DE		MD.
90	10 ⊂	Catonsvil		11. NAME OF		RSING HOME	OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORK	12b. I ING LIFE) INDI	KIND OF BU USTRY IN HOME	SINESS OR
BS	l lo.	AL RESIDENCE (IF NURS STATE Maryland	136 COUN		GIVE RESIDENCE BI	OWN	134 INSIDE CITY LIMITS?	740	ADDRESS / ZIP C	Cross	Road	21229
0.30		ATHER'S NAME FIRST Michae	e	MIDDLE		ters	15. MOTHER'S MAIDEN NA. FIRST Mary	ME	MIDDLE E.	a	etzel	berger
e medico	16a \	NAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL S 212-74		Charles E.	Myers	ADDRESS 624 Balti	Braesi more,	de Roi MD. 2	ad 1229
went, th		18 CAUSE OF DEATH PART I. DEATH W		ly ane couse pe D BY: E CAUSE (a)	r line fo (o), (b)	lice	mía			ВЕ	APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH
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ntol Hygie		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITE	Street, Street,		V.L.
rked or h	MEDICAL	21d. INJURY OCCURR	BLE		OF INJURY REET FACTORY, OFF	ICE FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COU	NIY	STATE
n 21 is mo		220.1 certify that (1) saw the decease abave, (1) (we) (d	d alive on.	6-1	1/an	9_66,01	nd that in (my) (aur) apinion	, 10	d an the date and	. 17	, mar	(It (we) last
tote Dept		226 SIGNATURE	245	EK	one.	m			STAFF PHYSICIAN] =	DATE SIGN	186
with the S MPORTAL		22d CHYSICIAN'S NA	1 , 2	E. K	COW	E	220 ADDRESS	1	Catonsvi	lle, M	D.W.	nes
2 1		BURIAL, CREMATION,		3/28/	86	Woodlaw	n Cemetery		ödlawn	COUNT		aryland
60M 7/84	24 E	eroy M. & 630 Edmond	Russe son A	ll C. W venue.C	itzke F ATONSVI	uneral	Homes P. A 250 DAI	AR 27	1986	GISTRAR'S S	IGNATURE	her.

55	1.	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	CIENE 8 5	0	7	0 6
eoth to		CEASED NAME FIRST (CORPRINT)	1	MIDDLE	at	kar	?e. DATE OF DEATH	3-26	-86	26. HOUR 5 A
4	3. SE	Х	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BE		INDER I YEAR	IF UNDER 24 HR
E .	L	FEMALE	WHITE			1, 1900	86	YRS		
25	1	RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	BALTIMO	ORE COUNTY OF		
70		PIKESVILLE	(IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET, KESVILLE I	ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIF	OF WORKING LIFE)	INDUSTRY	F BUSINESS C
85	13a S	AL RESIDENCE (IF MURSING HOME STATE MARYLAND	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOI	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130.STREET ADDRESS 3948 DOLFI		. #2	1215
300	14 F/	ATHER'S NAME FIRST ALEXANDER	MIDDLE	FALK		15. MOTHER'S MAIDEN NA	ME UNKNO	NWN	LAS	ī
1 dico		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT S	IDNEY BLUMP	ESS		
E		10		213-74-9	9290	8200 NINA C'	r. BALTO)., MD		1208 MATE INTERVAL
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y injury, or other	TION	couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICAN	(c) IT CONDITIONS <u>C</u>		DEATH BUT					
grene prior to burral, cre hows ony injury, or other	RTIFICATION	PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION	(c) 17 CONDITIONS <u>CO</u>	ONTRIBUTING TO D	DEATH BUT	n was performed	700 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [/ERE FINDING CAUSES	IGS USED
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orked ge them 16 shows only injury, or other	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	(c)	ONTRIBUTING TO DE	OPERATIO AY YEAR 19	n was performed	700 AUTOPSY? YES NO	70b IF YES, V IN CERTIFYIN YES (/ERE FINDING CAUSES	IGS USED OF DEATH?
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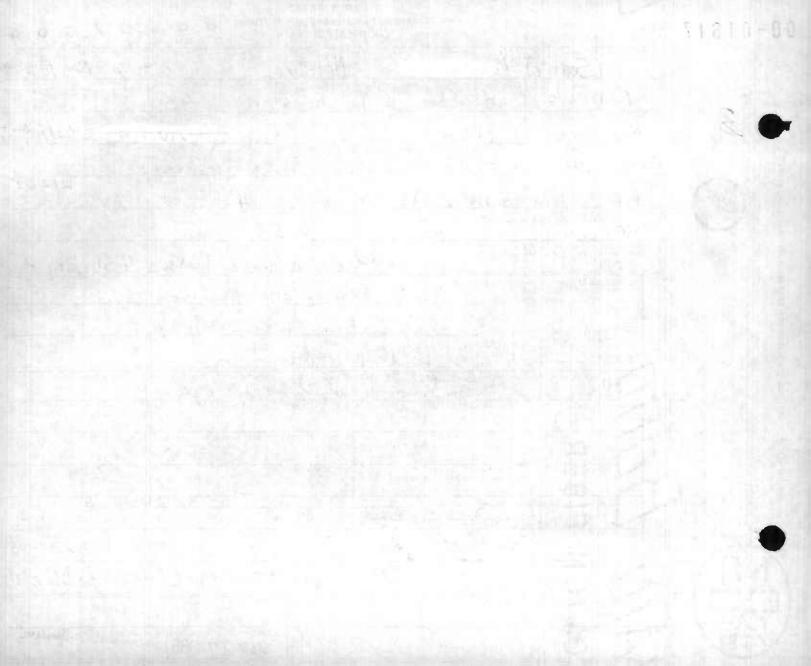
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	STATE OF MARYLAND	
00-01617	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 7 0 6	8
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age 4 ma ctor, po	FEMALE BLACK S DATE OF BIRTH MONTH DAY YEAR 95 YRS. S DATE OF BIRTH MONTH DAY 97 YEAR 97 YRS.	MIN.
Series Post	SIBIRTHPLACE (STATE OR FOREIGN TO COUNTY OF DEATH COUNTY?) 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTY OF DEATH WIDOWED DIVORCED	Carty MDY
100	atonsuile Industry or town of Death 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INDUSTRY DOMESTIC	
BALTIMORE, MARYLAND 2120 cote be executed the second conference of conference of the second conf	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 136. STATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS AVENUE 137. AVENUE	28
MARY!	FATHER'S NAME WINDLE HAVE WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 117 INFORMANT ADDRESS	
be exect to and ((YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-32-6555 EMMA Grace Jackson 4 Shipley	Ave
ST., BAI ertificate g physici on papei removal	18 CAUSE OF DEATH (Enter only one couse per line for only	DEATH
death contending outending or contending or contraction, or crownatic	Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF The control of	
on w. PRE that the d d by the at lease reman	cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Content of	
RDS, 2 equires in signe Then p r ta bur injury, i	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1/101	
VITAL RECO	190 DATE OF OPERATION 11 & CONDINON FOR WHICH OPERATION WAS PERFORMED 200 AUTO/SY? 200. IF YES, WERE FINDINGS USES OF DEAT YES NO YES NO 210 ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 21C. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	TH?
ON OF VITAL TYSICIAN: Th axis certification burnal-transit Mental Hygie	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
DIVISION ING PHY r attenthis as the bu ith and M orked or	AT WORK	TATE
ATTENDI ssputal or CTOR: A d for use of Heal	22a 1 certify that (1) (this hospital) attended the deceased from 50 - 19 50, that (1) (this hospital) attended the deceased from 50 - 19 50, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated to 50 - 19 50, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated to 50 - 19 50, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated to 50 - 19 50, and that in (my) (aur) apinion death occurred and the date and hour and from the causes stated to 50 - 19 50, and that in (my) (aur) apinion death occurred and the date and hour and from the causes stated to 50 - 19 50, and that in (my) (aur) apinion death occurred and the date and hour and from the causes stated to 50 - 19 50, and that in (my) (aur) apinion death occurred and the date and hour and from the causes stated to 50 - 19 50, and that in (my) (aur) apinion death occurred and the date and hour and from the causes stated to 50 - 19 50, and that in (my) (aur) apinion death occurred and the date and hour and from the causes stated to 50 - 19 50, and that in (my) (aur) apinion death occurred and the date and hour and from the causes stated to 50 - 19 50, and that in (my) (aur) apinion death occurred and the date and the	
TAL OR AI RAL DIREC: detached forte Dept. of tote Dept.	226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-24	. 86
TO HOSPITAL of retained by the TO FUNERAL Is should be default with the State EMPORTANT: If	DARSHAN'S & SALUJA 1200 MT Royal Au, Balliz	2/2/7
BP	Burial 3/28/86 Western Star Cem. Catonsville, Md.	ATE
DHMH - 16 60M 1/75 (VR A 15 (4))	Wm C March F/H West 4300 Wabash Avenue MAR 2 7 1986	10.



86-36810 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 20 DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF EST1 Clarence James Neslein DRD "PENDING" IN PENCIL IN 1TAM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. CHIEF MEDICAL. EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR YOU'S FILES. USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS OF HEATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, JRIAL, CREMATION, OR REMOVAL. DEATH MATED 1984 (Unknown 86-22) 3. SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 11AM Male White 9 24 63 22 DEAD YRS 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Catonsville Thristle Road unknown unknown USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 411 Millington Avenue YES X NO [Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Neslein 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undetermined DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BURIAL, YES NO V PAGE 4 SHOULD BE FORWARDED THE WOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE I AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUILD 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR UNK CONTRIBUTING CAUSE OF DEATH MEDICAL UNK UNK 21e PLACE OF INJURY II LOCATION 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE NOT WHILE COUNTY AT WORK UNKNOWN UNK AT WORK EXAMINER: TI CERTIFICATE, X. 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Accident Homicide death resulted fram: Undetermined monner TITLE (SPECIFY) re-issued 9/5/02 ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Baltimore, MD (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY STATE WASHINGTON DC OCME UNK **SMITHSONIAN** BP 07/84 250. DATE REC'D. BY REGISTR R TOO REGISTRAR'S STONA 25M 24 FUNERAL DIRECTOR **DHMH** - 17 ADDRESS OCME. (VR A15 ME (5))

STATE OF MARYLAND



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(VRA 15, 4)

071166	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	o.	, , ,
oth o		ORPRINT) Isabell	e , MIDDLE	Noellert .	2a. DATE OF DEATH	3 - 8 - 86	2 AM
(8)	3. SE	/ Female	4. RACE (White	5. DATE OF BIRTH MONTH DAY Feb. 19 (1901)	6. AGE IN YEARS LAST BIR	THDAY) IF UNDER LYEAR MONTHS DATE	IF UNDER 24 HRS
		RTHPLACE ISTATE, OR FOREIGN COUNTRY	U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	(-	e County	MD.
	1	TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Housewife	ION 12b. KIND OF WORKING LIFE) INDUSTRY	Home
1 12	USU 13a		THER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS A	ZIP CODE 2/	202
ompletely and 2 sh		THER'S NAME	Montemurr	o Teresa	MIDDLE	LASI	ī
on ond co		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN)	MED FORCES? 166 SOCIAL SECU 215-07		ADDRE	Balto.,Md.	
rtificate to physicio proposers emavol. event, the		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), an O BY: E CAUSE (a)	lio bulmono	ay an	APPROXI	MATE INTERVAL ONSET AND DEATH
that the death ce d by the ottending lease remove corb iol, cremation, or in		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c)	A & Mem	peresi		
en signe Then p or to bur	NOIL		CHAPTER STATE	DEATH BUT NOT RELATED TO THE TERM			
The low idn.	CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [
ig physici ig physici riol-tronsi ental Hyge		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
ottendir ottendir fer this os the bu h and M h and M	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE F	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	OUNTY COUNTY	STATE
GR ATTENDIN he hospital or DIRECTOR: A oched for use o Dept of Healt		270 1 certify that (1) (this haspit saw the deceased alive on obave, (1) (we) (did) (and no 27b. SIGNATURE	ol) attended the deceosed from	and that in (my) (our) opinion DEGREE ATTENDING	, to	ate and haur and from the	that (I) (we) last causes stated
TO HOSPITAL retoined by the TO FUNERAL should be detributed by the State with the State important:		22d. PHYSICIAN'S NAME. (TYPE O	EVADO	SS 120 ADDRESS	DIRECTOR PHYSIC	Home,	SGHC.
BP	23a. 1	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY New Cathedral	Balto.	COUNTY	₩d.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 5	INTERNAL DIRECTOR	kins & Sons Co	905 York Rd. 250 DAT Balto., Md. MA		256. REGISTRAR'S SIGNATU	

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Henry W. Jandra & sons Co., and Co., and Co.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

PA 1407 Old Eastern Ave MAR 1 0 1986

	REGISTRAN						REG. N	0.				
	DECEASED NAME FIRST	N	JODLE	į.	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
П	HEN	VRY	J.	1	NOOFT	SR		3	6	86	9;27P	M
3.	. SEX	4. RACE	Maria Control	5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY	IF UNI	DER I YEAR	IF UNDER 24 H	
	Male	White		Oct	. 4 190	6 YEAR	79	YRS		IS UATS	HOURS M	UN.
-7	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8	NEVER N	ADDIED T	9 BALTIMORE CITY	R COUN	TY OF I	HTASC		
L	Baltimore, Md.	. USA		WIDOWE		ORCED	BALTIMORE COUNTY MD.					
ייי	TOWSON	(IF NOT IN SUCE	6701 N.	DDRESS)		TUTION	(TYPE OF WORK FOR MOST C		LIFE) 12	KIND O	tructi	on
	JSUAL RESIDENCE (IF NURSING HOM 30 STATE 136 CO		GIVE RESIDENCE BEFORE 130 CITY OR TOWN LISSEX		13d. INSIDE CI	TY LIMITS?	13.542T BOOKES	Ŕ ĭľve i	DE Ne	ck R	d. 21	221
1	FATHER'S NAME FIRST Vince	nt Moof	t		15 MOTHER'S	maiden NA/	Zygat			LAS		
14	WAS DECEASED EVER IN U.S.	ARMED FORCES?	213 07 5		17 INFORMAL Henry		oft, Jr. B				r Neck 1221	. 100
		(c)	INTRIBUTING TO D	<u>O DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE					SIVEN IN	/EN IN PART Tro		
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT			OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW IN.		RED (ENTER NATURE OF INJU	RY IN ITEM TO	8 PART I (
	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET FACTORY, OFFICE FA	IRM ETC)	STREET		CITY OR TO	WN		COUNTY	STATE	
	22a I certify that (I) (this his saw the deceased alive above, (I) (we) (did) (did	e on	3-6		nd that in (my) (. 19 <u>86</u> aur) apinion (ta 3-6 death occurred on the d	ate and h	_, 19 out and		that (I) (we) causes stated	
	275 SIGNATURE	SIA		¢	P	TTENDING HYSICIAN [MEDICAL STA			3/7	SIGNED 8%	
	DAVID SAFFE			Fice	22e ADDRESS					/		
2	30_BURIAL, CREMATION, REMO	VAL 235 7916/8	36 Ho.	AME OF C	EMETERY OR C	rematory orial	Gardens TOWN	alti	more	Co.	Manate	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior MPORTANT. If them 21 is marked at Item 28 shalls now in

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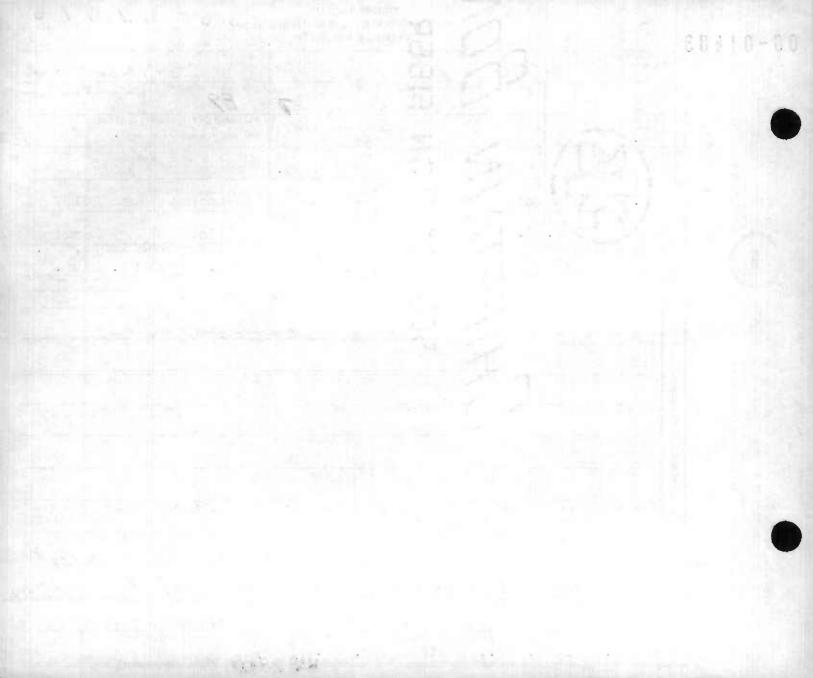
TO HOSPITAL OR ATTENI

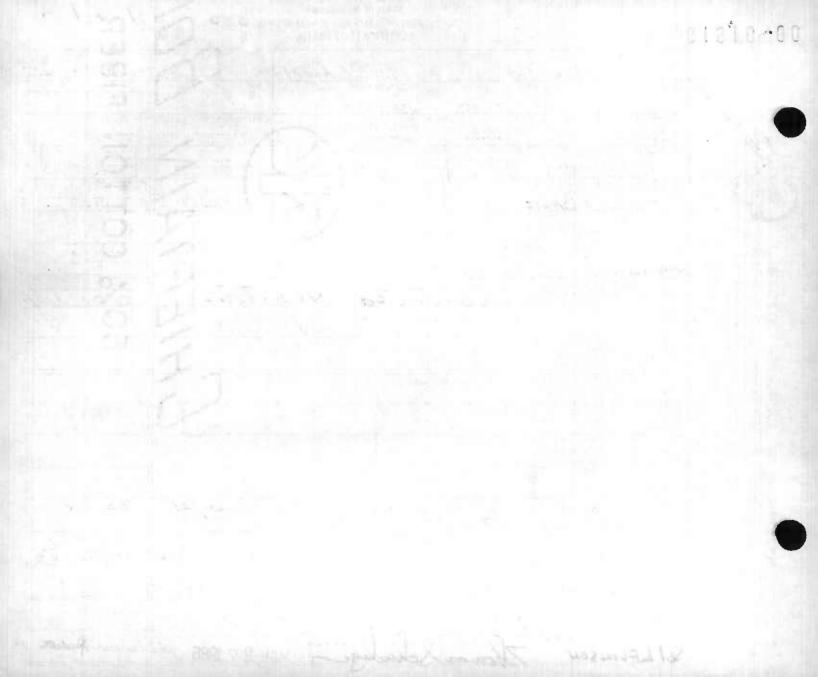
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LAST

5. DATE OF BIRTH MONTH

OAKLEY

July 19, 1906

MARRIED NEVER MARRIED

070021	1 - STATE REGISTRAR
OIUUNAL	L DECEASED NAM

(TYPE OR PRINT)

Female

COUNTRY

BIRTHPLACE I TATE OF FOREIGN

1.5EX

CERTIFICATION

MEDICAL

prior

Hygiene

FIRST

MARGARETHE

4. RACE

White

S.

76 CITIZEN OF WHAT COUNTRY?

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.					
13)	20. DATE OF DEATH MONTH	DAY		YEAR	26 HOL	JR .
	March 3, 1986		١,			M
	6 AGE (IN YEARS LAST BIRTHDAY)	IF I	JNDE	RIYEAR	IF UNDER	24 HRS
	SHEET IN THE REAL OF THE PERSON AND	NON	61115	DATS	HOURS	MIN.
	79 YRS					
	9 BALTIMORE CITY OR COUNT	YO	DE	ATH		016
	Baltimore Cour	its	7			MD
	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING L	IFE)		KIND O USTRY	F BUSINE	SS OR
	Homemaker		O	vn H	ome	

Maryland	U.S.A	• WIDOWE	DIVORCED	Baltimore Coun	ty
CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME OF FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR
Ruxton	6512	Darnall Rd.		Homemaker	Own Home
		13c. CITY OR TOWN	136 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE	
	тстиоте	Ruxton	YES NO K	6512 Darnall	Rd. 21006
FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE	LAST
Villiam	D.	Stalfort	Thekla		Imwold
WAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
10		212-38-1557	Gordon Flau	tt -315 Investme	nt Bldg., 2120
18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA IMME	AUSEÓ BY EDIATE CAUSE (a) DUE TO, OI	RAS A CONSEQUENCE OF	evo	whatim	BETWEEN ONSET AND DEATH MINNEY 1

couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T

216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE COI 220 I certify that (I) (this hospital) attended the deceased from

saw the deceased alive an ... and that in (my) (our) opinion death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL

22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Dr. G. William Benedict 2 W. University Pkwy. 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

(SPECIFY) CITY OF TOWN COUNTY STATE Burial 3-5-86 Parkwood Parkville Balto., Md. 24 FUNERAL DIRECTOR ADDRES 1050 York Rd.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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BP.

MPORTANT

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

PHYSICIAN DIRECTOR PHYSICIAN

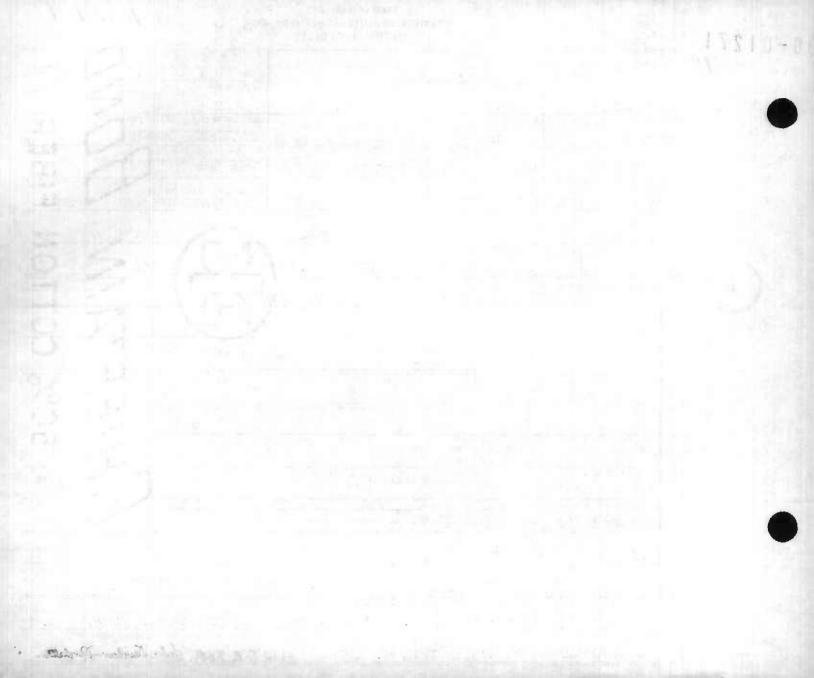
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that th	leose relial, crem	2		cause (a), stating underlying couse	last.	(c)	R AS A CONSEQUE						
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				URIAL, CREMATION, I	REMOVAL		MIDNE III CA		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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	16 60M 7/8 A 15, 4)	84		INERAL DIRECTOR	RAL HO	ME PA, HA	VRE de GRAC	E, MD.	21078 NAA	REC'D. BY REGISTRAR		Tran's SIGNAT	
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

7110 BELAIR ROAD RALTIMORE MARYLAND 21206

STATE OF MARYLAND

Salia Cavidron

BALTIMORE MARYLAND

22c. DATE SIGNED

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21206

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MINUTES

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DEPARTMENT

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENED - STATE REGISTRALOUIS I. Plack STMEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1161 DECEASED NAME 20. DATE KNOWN ETTPE CHEMO-CL OF ESTI-LOUIS 4 RACE IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNT MARRIED V NEVER MARRIED Maryland U.S.A. DIVORCED [WIDOWED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 6537 Redgate Circle Catonsville Sales Representative B.G. & E. UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | Md. 21228 | Circle Catonsville Maryland Catonsville IS. MOTHER'S MAIDEN NAME MIDDLE John Plack Annie Flunn 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO 212-05-3148 Catherine Plack Same as 13e. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ILES PIRATORY ARREST IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF TRS Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Suicide Homicide DEPUTY EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 3/11/86 Lorraine Park Cemetery Woodlawn 07/84 Maruland 25AA 24 FUNERAL DIRECTOR 630 Edmondson Ave. Catonsville, Md. 21228 **DHMH - 17** Leroy M. & Russell C. Witzke Funeral Home (VR A15 ME (5))

(VRA 15, 4)

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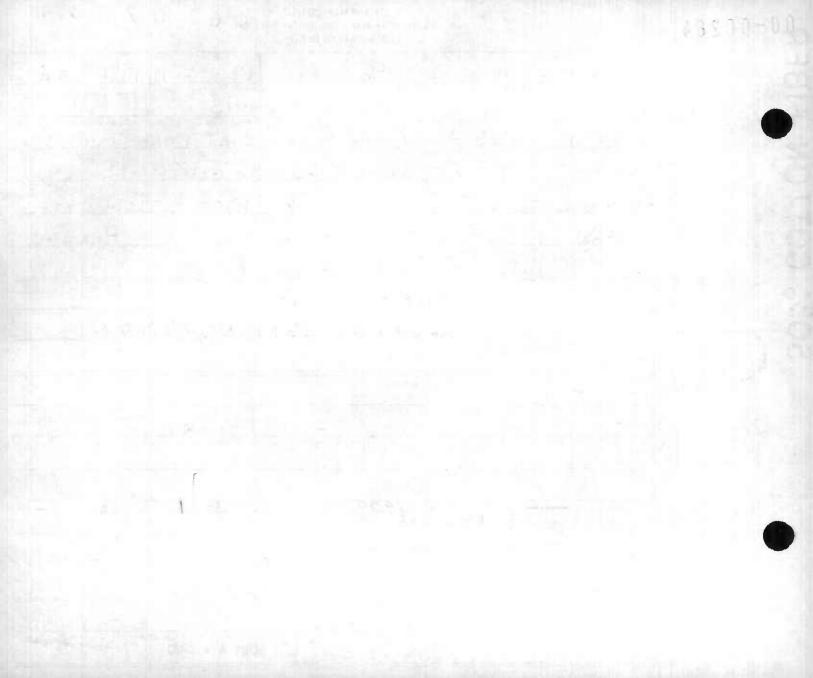
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. Ther this certificate has been sig os the burnal-transit permit. Then th and Mental Hygiene prior to b orked on the Baldows they injury	CERTIFICATION											
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DHMH - 16 60M 7/84	24. FI	UNERAL DIRECTOR			ADDRESS	1050 Y	ork Rd.	250. DATE R	EC'D. BY REGISTRAR			
(VRA 15, 4)	R	uck Towson	Funer	ral Hom	ne, Inc. To	owson,	Md. 21204	APR	0 1 1986	11	Davidson-D	milant

1700 DHMH - 16 60M 7/84 (VRA 15, 4)

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and Application		Mark Mark	RACE	POI S. DATE O		20. DATE OF DEATH March 6 AGE (IN YEARS LAST BI	MONTH DAY YEAR 6 1956 RTHDAY) IF UNDER 1 YEAR MONTHS DAY:	
eofn. Poge	10.00	Maryland	White b citizen of what country: U.S.A.	JUN 8 MARRIE WIDOW	D NEVER MARRIED	1 11	OR COUNTY OF DEATH	ty "
burs offer o	7	OWSON	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SOLD + OTHER INSTITUTION, GIVE RESIDENCE BEFORE	Seph		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Stational		OF BUSINESS OF Ret.
intery Illind	M	aryland THERS NAME	ISC CITY OR TOV Baltimo		13d INSIDÉ CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NAM		ene Avenue	21214
Poge Done		VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	Porter MED FORCES? 166 SOCIAL SEC WAR OR DATES) 216-10-5	URITY NO.	Lelia 17 INFORMANT Kathleen R.	ADDR	Harr 13 Keene Av	
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hor been sign permet Then; the prior to bu	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	on		20a AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED
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te houping or on DRECTOR, Alter oched for site as Dept. of Health If Nem 21 is more	188	22a.1 certify that (I) (this haspite saw the deceased alive an abave, (I) (we) (did) (did nat 22b. SIGNATURE	19	, a	nd that in (my) (aur) apinian of DEGREE	, to an the c	ote and hour and from th	that (I) (we) love causes stated
TO FUNERAL Whoseld by the TO FUNERAL Whoseld be determined by the State with the State IMPORTANT.	33a F	22d PHYSICIAN S NAME (TYPE)	123b, DATE 123c	NAME OF C	22e ADDRESS EMETERY OR CREMATORY	DIRECTOR PHYSI		6/86
BP		Burial			s of Faith	Baltin		Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc.

Baltimore, Maryland

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(VRA 15, 4)

The Davidson Pandable

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO.

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C	1	0	4	

	CEASED NAME	FIRST	,	MIDDLE	ı	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
,,,,,	E ON FRINTIS	Anna F	Barbara	POWELL			March 7, 1	986		12:05a M
3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female		White	e	TON	197 1895	89	YRS.	MONTHS DATS	HOURS MIN.
7a. B	IRTHPLACE (STATE OF	FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 AA A D D IE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland		USA	A	WIDOWE		Baltimore	Count	V	MD.
	Rossville	ATH	CIENOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, Lin Squar	DORESSI	pital	120 USUAL OCCUPATION OF THE PROPERTY OF THE PR	ON F WORKING LIF)	12b. KIND O INDUSTRY HOME	making
130	Maryland	13b COUN Balt	other institution IY IMOTE	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS A	zip code lale R	d. 2123	57
14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		145	,
	Joh n		NIDDLE	Sebour		Caroli			Appel	
	WAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	(YES, NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	217-48-7	248	Daniel C. Po	owell 1241 H	Iillda	le Rd.	21237
	18 CAUSE OF DEA	TH (Enter on	y one cause per	line for (a), (b), one	d ich				BETWEEN	MATE INTERVAL
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	13.00			R AS A CONSEQUE	NCE OF					
	Conditions, if on	y, which		Cardiac A						
	gave rise to in)	R AS A CONSEQUE						
	underlying cous	e lost.	(6)	K 45 A CONSECUE	ITCE OF				E had a	
	PART 2 OTHER SIC	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
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CERTIFICATION	190. DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI	
E PR			1000				YES NOT		YING CAUSES	NO [
**	21a. ACCIDENT WAS U	NDERLYING	216. TIME O			21c. HOW INJURY OCCUR		RY IN ITEM 18	PART I OR PART 2)	
15-64	OR CONTRIBUTING		IN .	m. Month da m.	Y YEAR					
WEDICAL	21d. INJURY OCCU		21e PLACE		19	211 LOCATION				-
ME	HILE NOT V			REET FACTORY, OFFICE, F.	ARM ETC)	STREET	CITY OR TO		COUNTY	STATE
	220.1 certify that ((this hospit	al) attended the	e deceased from F	ebrua 6	nd that in X1X) (our) opinion	, to March 7			that X (we) last causes stated

DHMH - 16 60M 7/B4 (VRA 15, 4)

Kay C. Kitchen, M.D. 23a BURIAL, CREMATION, REMOVAL 236. DATE

Burial

3-10-86

9000 Franklin Square Dr., 21237 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Baltimore, Maryland

3-7-86

22c. DATE SIGNED

IN FLID RAL DIRECTOR 259. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 740 18 elais

DEGREE

Parkwood Cemetery

22e ADDRESS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 26. HOUR 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED WITHIN 72 HOURS 2d HOUR AGE (IN YEARS JE UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTH YEAR RAL UIN. PRONOUNCED DEAD 20 YRS. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore County Virginia U.S.A. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) Mill Wright Beth. Steel 2906-C Liberty Parkway Dundalk USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DUNDALK, mg 21222 13a STATE 136. COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Dundalk 2906-C LIBERTY PARKUMY Baltimore NO M Maryland DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Smith Minnie Lee M. Price George 17. INFORMANT ADDRESS 412 E. Lee Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mabel P. Lucas Yes Blacksburg. Va. 24060 WW TT Not Known APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE ROIOPULMONA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which AUSES gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL ES TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIA AFFEADEM! WITH THE STATE DEPARTMENT OF HEALTH AND BARTHMORE, MARYLAND, 21201 PRIOR TO BURIAR, CREMATIO! PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection X 22a I certily that I taak charge all the remains described above, held an Autopsy and in my apinian Natural causes death resulted fram: Hamicide ... Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NA MORNINGTON TYPE OR PRINT ADDRESS 736 LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Blacksburg Virginia 3/30/1986 Westview BP Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc. **DHMH - 17** Dundalk, Maryland 7922 Wise Avenue 21222 (VR A15 ME (5)) 20M 4/82

PARTIAL LEVELS PRICE STOC C LIBERT PRESENT

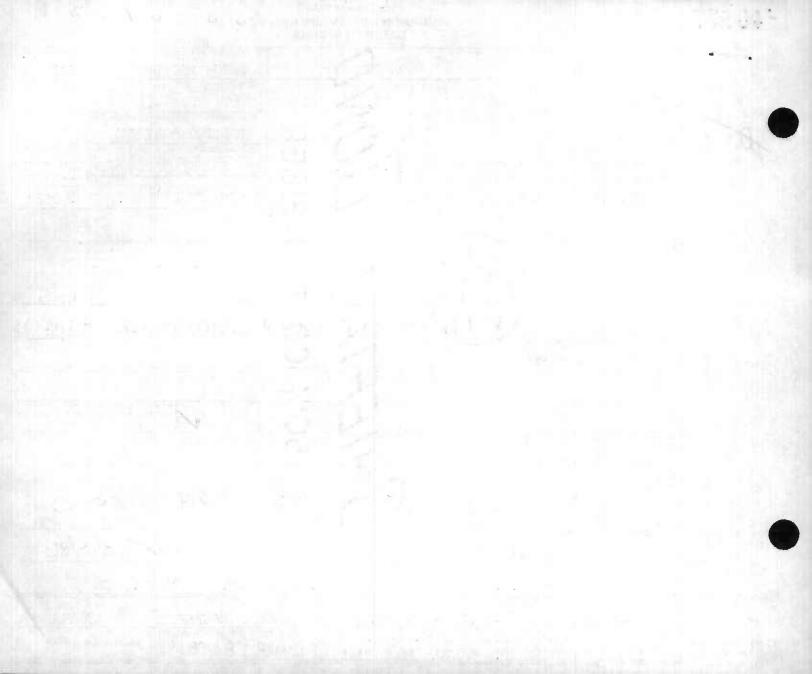
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

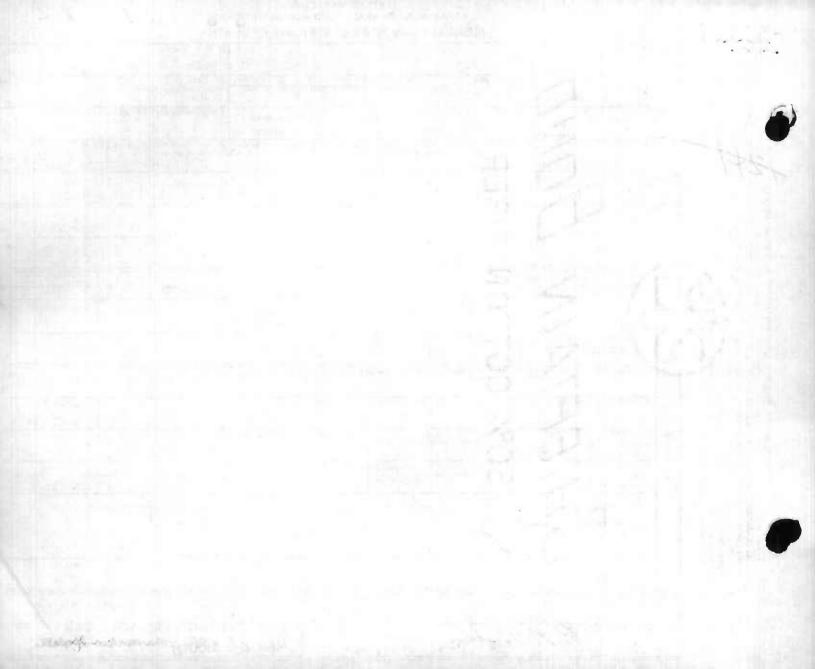
wie Davidson

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR I. DECEASED NAME FIRS1 20. DATE KNOWN X MONTH (TYPE OR PRINT) DEATH MATED [March 21/19 86 David Reeche1 Jack 6. AGE (IN YEARS IF UNDER TYR. 5. DATE OF BIRTH IF UNDER 24 HRS 4. RACE DATE March LAST BIRTHDAY) PRONOUNCED Male White DEAD July 14 1939 46YRS Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED [DIVORCED Baltimore County, Maryland USA 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRYmina? First Street Marine Terminal pundalk Long Shoreman Clark Md. SUAL RESIDENCE (IF IN THE PROPERTY OF THE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS UIL COUNTY 13c. CITY OR TOWN Glen Burnie 415 N. Crain Highway 21061 Maryland A A Co. NO [X] YES 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE LAST Pumphrey Otto Reechel Iva 7. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO July 24, 1957 218.36.3776 Mrs. Patricia M. Reechel Same as 13 Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Mechanical Asphyxia IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINES SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. 190. DATE OF OPERATION 20 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X 2Th. TIME OF INJURY 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR subject pinned in cab of truck CONTRIBUTING CAUSE OF DEATH 10:55RM 3/ 21/1986 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.} WHILE AT WORK XX NOT WHILE 1st. Street, Lot1601, Dundalk, Balto. Co., Md termina] Autopsy X 220. I certify that I taok charge of the remains described obave, held an Inspection Inquiry ond in my opinion Accident X Homicide ___ Undetermined monner death resulted from Suicide TITLE (SPECIFY) ACTUAL 3/22/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial March 25,1986 Glen Haven Mem. Park Glen Burnie A A Co. 07/84 25M 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Grilla Davidson Bonde 12. Home Glen Burnie, Maryland (VR A15 ME (5)) Singleton Funeral



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTS March 15. 1986 Hilda S. Reich 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR March 25, 1901 Caucasian Female A MATHELACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 1924 Powers Lane Housewife Catonsville 21228 Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1130. COLINTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1924 Powers Lane Baltimore 21228 Catonsville Maryland YES [NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Christianna Streit Hettinger John ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 217-14-9502 William E. Reich Same as # 13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH Enter only one cause per line for p), ibi, and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. , and that in (my) (aux) apinion death accurred an the date and hour and from the causes stated above, (1) (wes (did) (dylamor) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN M.D. 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT Cliff Ratliff Jr., M.D. 5772 Westview Mall Balto., MD 21228

DHMH - 16 60M 7/84 (VRA 15, 4)

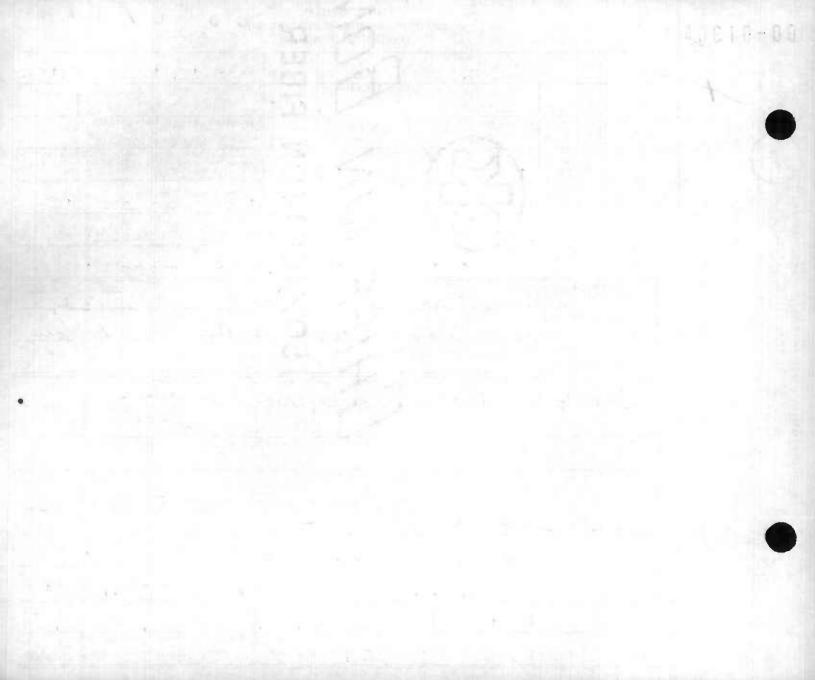
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23¢ NAME OF CEMETERY OR CREMATORY

Lake View Mem. Pk. Sykesville, Carroll,

24 FUNERAL DIRECTOR Catonsville, MD MacNabb Funeral Home

250 DATE REO'D! BY REGISTRAR 256. REGISTRAR'S SIGNATURE



injury, or other troumotic event, the

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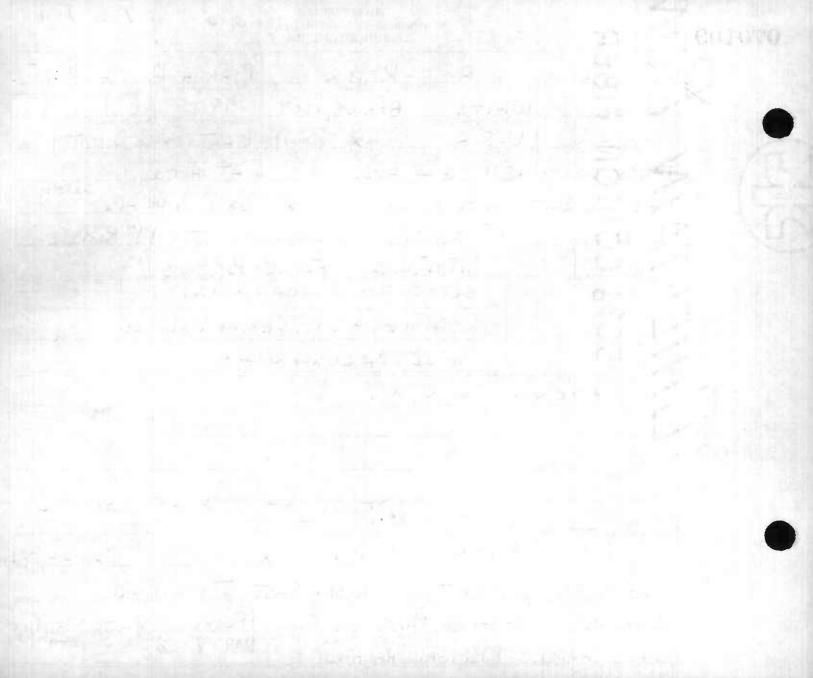
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	STATE REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO.		
	1. DEC	CEASED NAME FIRST	MIDDLE	0	AST	20. DATE OF D	DEATH MONT	TH DAY YEAR	26 HOUR A.
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	1 SE7		4 RACE	S. DATE C	DAY YEAR	6 AGE INYEA	RS LAST BIRTHDAY	MONTHS DAYS	
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1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED	BALTIMORI	CITY OR CO	UNTY OF DEATH	
		ARYLAND	U.S.A.	WIDOWE	DIVORCED [1 BAL	Timo	RE LOUI	TY MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		ROTHER INSTITUTION	17a USUAL OC	CCUPATION OR MOST OF WOR		OF BUSINESS OR
1	TP	IRKVILLS	2811 9	no Avs		AT	Hom:		
1	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN			136 INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP	CODE_	r1334
7	1	ARYLAND BAKT	TIMURE PARK	Wills	YES NO	130 STREET AD	20	P AVE.	
1	14 FA	THER'S NAME	MIDDLE MAC	151	15 MOTHER'S MAIDEN N		WIDDIE	mAC.	AST
1	1	VILLIAM	1 \ K21	7215	MARGA	RET	J.	11 KEr	1212
ŀ		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT	. 0	ADDRESS		
2		No I	2122	P941P3	LAM!	4 KEC	OROS		
ú		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line form.	TEREZA	MA, CA	NPID.	Δ.	APPRO BETWEEN	NONSET AND DEATH
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13	IFIC.	IN DATE OF OVERALION	THE CONDITION TON	WHICH OF EKATIO	THE TEN OWNED		_ IN	CERTIFYING CAUSE	S OF DEATH?
-	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU		NO L	YES	NO [
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT			(2.4.64.144.0	ne or wayour were		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	21L LOCATION				
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		220.1 certify that (1) (this haspi	tal) attanded the decored	3 ~	10 8 4	-	-25	10 86	Al - A (b) (c - a) la - A
		saw the deceased alive an	3-33	1./	id that in (my) (***) apinio	n death occurred	on the date or		, that (1) (we) lost
		above (1) (wa) dich (did go	t) view the body after death.		DEGREE				E SIGNED
		Luber V	leb often	, lu.		MEDICAL DIRECTOR	STAFF		2111 1001
1		22d PHYSICIAN'S NAME LITYPE O	R PRINT)		22e ADDRESS	DIRECTOR	PHYSICIAN	u II IAI	CH P 148+
		DO B. 1000	c SCRACT	-: 00	12111 500		000	Rano	
-	73a B	URIAL, CREMATION, REMOVAL	3.320 H3 1	1 100 NAME OF C	EMETERY OR CREMATORY	173d LOCAT	HAM	NOAD	
	B	SPECIFY)	3-0 1001	Pack	EMETERT OR CREMATORY	O CITY OR		D COUNTY	Charit
	24 FL	INERAL DIRECTOR	12-0-114P	HKINU	8000 1250 D	ATE REC'D BY REC	GISTRAN	EGISTRARS SALINA	THICK GOO
1	5.	NAME CILOGE	at Mam AD	DRESS 8800	10040	MAR	1986	September 1	THE PARTY
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CERTIFICATE # 07096



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Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. MA

230 BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL PAR

DHMH - 16 60M 7/B4/

(VRA 15, 4)

23¢ NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

7h HOUR

NO T

Baltimore County Maryland

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250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

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CERTIFICATE # 07/00



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		CEASED NAME FIRST		MIDDLE	i.	AST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
oy be	(TYPE	OR PRINT)	N	REGINA	R	OBERTSON	3 - 22	2 -86 4:05A M
moy by	3. SE.		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
rs oft		Female	Whit	е	Feb	. 2,1914 YEAR	72 YRS. MO	NIHS DAYS HOURS MIN.
deoth. Par funeral dir.		RTHPLACE ISTATE OR FOREIGN OUNTED Maryland	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	BALTIMORE COUNTY O	
s offer by the lied with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GEMC-6701 N. CHARLES STREET				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET	126. KIND OF BUSINESS OR INDUSTRY
filled in looving the	13a. S	ALRESIDENCE (IF NURSING HOME OR ITATE 136 COUN BAIL)	other institution ity	13t. CITY OR TOW Timoniu	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2200 Dulaney Val	lley Rd. 2109
ompletely and 2 st		George Horsts					rstschneider	LAST
/	16a V	VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 217-26-2		Robert R. Ro	bertson Same	
1 11		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per			INDUCTOR IN THE	Del e Bolle	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death ca is signed by the attendan Then please restions can to burial, cremation, as injury, or other traumarks	z	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	(b)		IC CA	A OF LEFT OVA	RY INAL DISEASE OR CONDITION GIVEN	2 MONTHS 2 MONTHS
low re s been ermit.	CERTIFICATION	190 DATE OF OPERATION 1/21/86	ADEN	OCARCINOM COLON		N WAS PERFORMED LEFT OVARY	YES NO YES	
SICIAN: The ing physicion. certificate ho untol-tronsit per virol-tronsit per virol Hygiene la show litem. It show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA		21¢ HOW INJURY OCCURE	RED (ENTER MATURE OF INJURY IN ITEM 18 PART	I OR PART ?)
ENDING PHYSICIAN: The rol or otherdring physicion DR. After this certificate he use as the buriol-transit p. Health and Mental Hygien Health and Mental Hygien I is marked or Item 18 show	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINÉR 21d. INJURY OCCURRED WHILE AT WORK ALL WORK	21e PLACE		19 ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2 0 5		220.1 certify that (1) (this hospit sow the deceased alive an above, (₹(we) (drd) (did so	3/21 1 view the body	e deceosed from1919			to 3/22 . 19 death occurred on the date and have a	1 1
ITAL OR A by the host		226 SIGNATURE	3/	12,	2 '	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/20 86
TO HOSPITAL (retoined by the TO FUNERAL E should be deto with the Store E IMPORTANT: If		L. RUI	BIN, M.I			GBMC-6701 N	. CHARLES ST.	
BP	23a E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	March			ney Valley	Timonium, Baltim	ounty Co., Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR CChell-Wiedefeld		ADDRESS	5500 3	ork Rd. 250 DAY	FRECID BY REGISTRAR 251 REGISTRA AR 2 6 1986	R'S SIGNA YORK DEL

178 a 2 year

The Dis

1975

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 2ª DATE OF DEATH 2b. HOUR TYPE OR PRINTS 186 DAWN ROBINS 3 10 4 RACE IF UNDER LYFAR 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS YEAR Black. Female 10 66 BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX COUNTRY BALTIMORE COUNTY Md. Usa WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 0 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY GBMC-6701 N.CHARLES ST. TOWSON Student USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13L COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 3665 Wabash Avenue Balto. YES X NOF Md. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hardy MIDDLE Robins Eunice John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 3665 Wabash Avenue Eunice Robins Unkn No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Resp. ARREST IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF CARDIAL FAILURE Conditions, if ony, which gove rise to immediate couse (o), stating the

underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to IFICATION 90 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO CERTI 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 120 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive on 3/16 obove, (1) (60 (did) (did not) view the body after death and that in (my) (opinion death accurred on the date and hour and from the causes stated 72% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MO PHYSICIAN DIRECTOR PHYSICIAN M.SIPPLE, M.D. GBMC-6701 N.CHARLES ST. 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL

Druid Ridge Cem.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANI ld b

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

Wm C March F/H West

23b. DATE

3/15/86

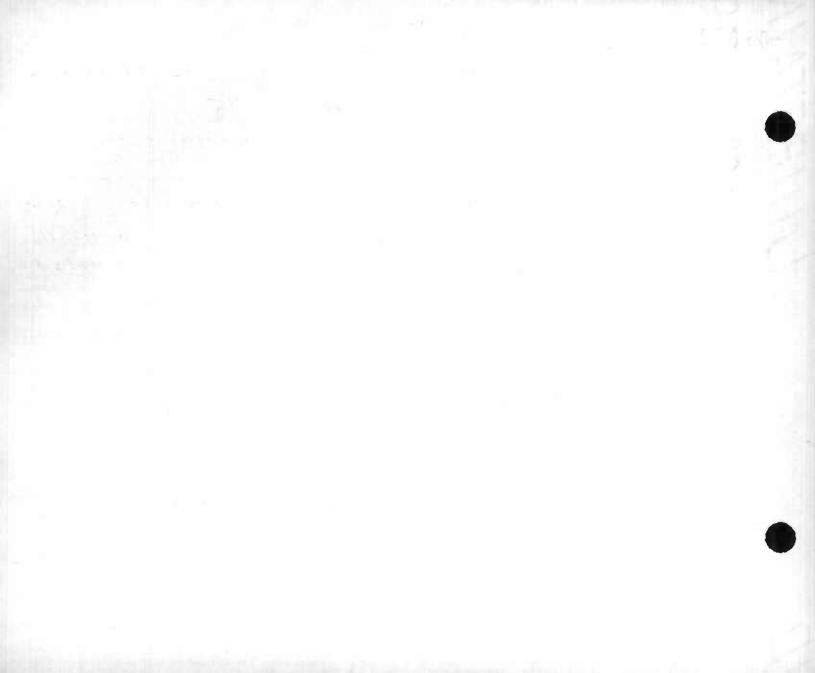
4300 Wabash Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE

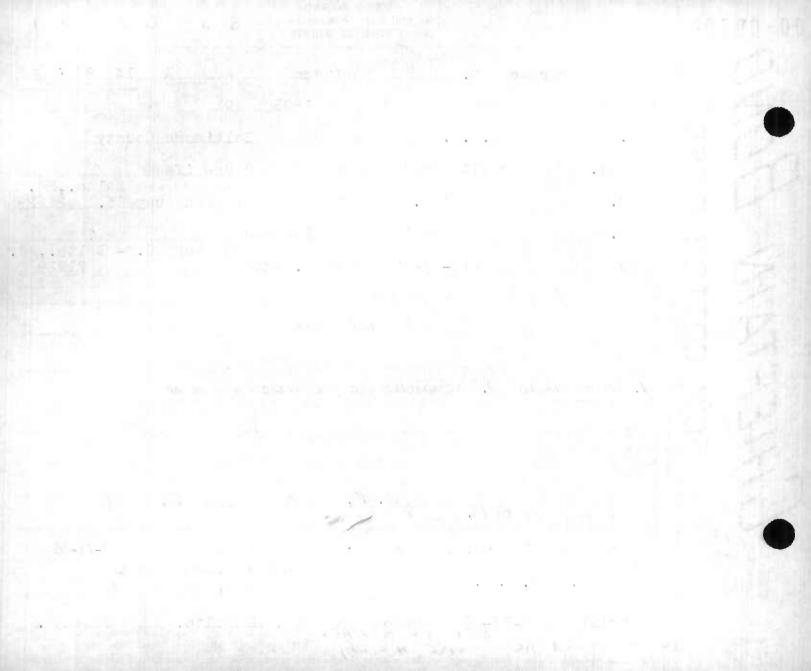
Baltimore, Md.

STATE

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	ill		CEASED NAME	FIRST	WIDDLE	l	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
oy be	1	(TYPE	OR PRINT)	ertrud	n/r		Robinson		7 7	14 86	2:05a M
pog pog		3 SE		4 RA		5 DATE C		6. AGE (IN YEARS LAST B		F UNDER I YEAR	IF UNDER 24 HRS
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dir.	87		RTHPLACE ISTATE OR F		ITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
nerol n 72	25		Va.		II.S.A.	WIDOWE		Baltimo	re Coi	intr	MD
e o	100	10 C	TY OR TOWN OF DEA		NAME OF HOSPITAL, NUI	RSING HOME		120 USUAL OCCUPAT	ION	126 KIND OF	F BUSINESS OR
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tely 2 sh	ine.	14. F	THER'S NAME				15 MOTHER'S MAIDEN N	IAME	nacy	100	
and and	<do< td=""><td></td><td>FIRST</td><td>MIDDLI</td><td>Hari</td><td>rel</td><td>Elizab</td><td>AIDDLE</td><td></td><td>P LAST</td><td></td></do<>		FIRST	MIDDLI	Hari	rel	Elizab	AIDDLE		P LAST	
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2 11	1			H Enter only on	e couse per line for (a), (b)		Heve III	arrap			MATE INTERVAL DISET AND DEATH
phy phy	1	3	PART I. DEATH W		Panal F	ing A				- Selvere	Maria de Carre
ding orbo	alfe e				002 10/			(- b)	D. William		
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2 25	100		gave rise to imm cause (0), statin	mediate	DUE TO, OR AS A CONSE	OUENICE OF		A THAT SHE			
10 40	5 1		underlying cause		(c)	OUCINCE OF					
n ple	7.0		PART 2 OTHER SIGN	NIFICANT CONE	ITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR COM	DITION GIVE	N IN PART 110	
The state	2 1	NO.	1. Jevere	e anemia	2. Artero	scleroz	tic (ardiova	scular Disea	se		
8 2	150	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
26 24	15/	TIF						YES NO	YES		NO [
N N N N N N N N N N N N N N N N N N N	130	W.	21a ACCIDENT WAS UND		HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCU	IRRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAP	RT OR PART 2)	
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4 P 4 9	ō	MEDICAL	21d INJURY OCCUR		THE PLACE OF INJURY	ICE EADA ETC I	211 LOCATION	CITY OR TI	OWN	COUNTY	STATE
95 15	ran design	>	AT WORK AT WO	IRE	THE SHEET, FACTORY, OFF	7 1	1. 06		.,	0.	
07 8		1	22a I certify that (I)	(this hospital) a	ttended the deceased fro		74, 1900	10 March	14, 11	9 00	hat (1) (we) last
B 9 C 9	5 6		saw the decease abave, (1) (we) (c	ed alive an	w the bady after death.	9 00 . 01	nd that in (my) (aur) apinio	n death accurred on the c	ate and hour	and Iram the c	auses stated
等	d a		226. SIGNATURE	Maga	0	5	DEGREE	a President		22c. DATE S	IGNED
A the	-		an	LID &	Korel.	111.	ATTENDING PHYSICIAN	MEDICAL STA		3-14	-86
HOSPIT	AN		224 AHYSICIAN'S NA				22e ADDRESS 4/	(ommonweal	th Aver	rue	
0 0 0 3	MPORTAN		James &	. Rowe,	M. D.		bas	timore, Var	uland.	21228	
or or sho	3 \$		BURIAL, CREMATION,	REMOVAL 231	DATE	3¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		11-11-11-1	
BP			Burial	3	-17-86 T	oudon	Park Cem.	Balto		COUNTY	STATE M.
DHMH - 16 60	AA 7/84		INERAL DIRECTOR	3	.51.57	SALTO.		ATE REC D. BY REGISTRAF	25b. REGISTR,	AR'S SIGNATU	
(VRA 15,		CT.	Traman	SCHWAI	5 PIRZ	# 21	229 MA	R.1 9 1986	و المانية المانية المانية المانية	I good brown	
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Hubbard Funeral Home. Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

-02017	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 U / REG. NO.										
0-02017		CEASED NAME	FIRST	٨	WIDDLE	i.	AST		20. DATE OF DEATH	H MONTH	DAY YEAR	26 HOUR		
A	3 SE	Ollie	-116	Jane 14 RACE	RO	CCISANO 5. DATE O	E DIDTH		March 6. AGE (IN YEARS LAS	28	1986	1:05 pm		
2:(A)	13 SE	Female		White	e	Jüly		1906	79	YRS	MONIHS DATS	HOURS MIN.		
		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF V	SA	MARRIE WIDOWE		MARRIED -	9 BALTIMORE CIT		Ountv	MD.		
19157		TY OR TOWN OF DEA Cossville	TH			RSING HOME O		STITUTION	Housewif	ATION	LIFE) 126 KIND C	OF BUSINESS OR		
135	13a	AL RÉSIDENCE (IF NURS STATE Md.	136 COUL Ba		ISC CITY OR TESSE		13d INSIDE YES [CITY LIMITS?	13e.STREET ADDRES	SS / ZIP COP Turke	y Pt. Ro	d. 21221		
mpletely and 2 sh	14. F/	ATHER'S NAME FIRST	know	middle n	LAST		15 MOTHER	R'S MAIDEN NA FIRST	unknown		LAS	įΤ		
n and co		WAS DECEASED EVER YES NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)		4-0601	Donn Donn	a Davis	1905 O1d	DRESS Turkey	Pt. Rd	. 21221		
that the deoth certifical d by the ottending phy leose remove carban paid. cremotion, ar remay or central arrounditic event	CERTIFICATION	Conditions, if ony, gave rise to imm couse (a), statin underlying couse	which nediote g the	DUE TO, OI	ardiopi R AS A CONSE iver F R AS A CONSE	ailure	/ Arre	st	Dehydrati	on				
he low requires		RTIFICATION	PART 2 OTHER SIGN 19a DATE OF OPERAT				to DEATH BUT			200 AUTOPSY?	20b. IF Y	ES, WERE FIND INTERVING CAUSES	NGS USED	
SICIAN Ting physic certificate unial-trons Aental Hyg	MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DE	ATH HOUR A.	M. MONTH M.	DAY YEAR	21c. HOW		RED (ENTER NATURE OF	NJURY IN ITEM 18	B PART OR PART 2)			
attend attend the this os the b	MEG	WHILE NOT WH	ILE	(AT HOME STR	EET, FACTORY, OF		STRE	Εī		RIOWN	COUNTY	STATE		
R ATTENDII haspitol ar RECTOR A red for use ept. of Healt		22a I certify that saw the decease above,	(this hosp ed alive or lidered	March	e deceased from	march	24 od that in (¶	() (ant) abiuiou	death accurred on the		19 <u>86</u> our and from the	that (we) last couses stated		
# Pool Pool		22b. SIGNA	£	Ma	afer	^	DEGREE		MEDICAL S	STAFF YSICIAN TO	22¢ DATE	SIGNED		
O HOSPITAL TO FUNERAL should be det with the State		Vincent	Мо	rgan	0		9000	Frank		are D	rive			
BP		BURIAL, CREMATION, (SPECIFY) Buria		23h DATE 4/1	/86	Oak La	wn Cen	netery	23d LOCATION CITY OF TOB					
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Connelly F	unara	1 Home	ADDRI		21221		R 0 1 1986	AR 256. REGIS	STRAR'S SIGNAT	ure		

STATE OF MARYLAND

FOR 1 - STATE REGISTRAR DECEASED NAME

Male

Virginia

Rossville

Maryland

14 FATHER'S NAME

Cyrus

TO BIRTHPLACE ISTATE OF FOREIGN

IN CITY OR TOWN OF DEATH

3 SEX

Jesse

4 RACE

Baltimore

MIDDLE

160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO

MTES NO OR UNKNOWN) [HE YES GIVE WAR OR DATES) 212 07 0071

White

USA

Th CITIZEN OF WHAT COUNTRY?

LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Rogers

Dundalk

LAST

STATE OF MARYLAND DEPARTMENT

March 16 1903

MARRIED NEVER MARRIED

13d INSIDE CITY LIMITS?

17 INFORMANT 707

15 MOTHER'S MAIDEN NAME

Harriet

YES NO X

ROGERS

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Franklin Square Hospital

5. DATE OF BIRTH

WIDOWED

					- PALLED		
ENT	OF	HEA	HTJ	AND	MENTAL	HYGIENE	C
CE	RTI	FIC	ATE	OF	DEATH		

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U	/	- 1	0	1

IF UNDER 1 YEAR

INDUSTRY

Arrington

75 HOUR

126. KIND OF BUSINESS OR

Beth. Steel 21224

2:25P M

IF UNDER 24 HRS

REG. NO.

March 21, 1986

9 BALTIMORE CITY OR COUNTY OF DEATH

13e STREET ADDRESS / ZIP CODE C1224 707 Old North Point Rd.

Noteths Point Rd 21224

Baltimore County

LTYPE OF WORK FOR MOST OF WORKING LIFE!

MIDDLE

Foreman

010

20. DATE OF DEATH MONTH

& AGE (IN YEARS LAST BIRTHDAY)

	ING PHYSICIAN: The law requires that the death certificate be executed within 2. Included the party Faire 4 may a otherwise physician.	After this certificate has been signed by the attending physician and completely find in by the forming thrustor, pag as the burial-transit permit. Then please remove carbanapapers. Pages 1 and 2 still be the
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(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attent should be detached for use as the burial-trainit permit. Then please remove as with the State Deat, of Health and Mental Hygiene prior to burial, cremption,	IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other froumd
BP.		_
BP.	- 16 60	A 7/84

-		213-01-9914	MIS. Mary	Jean Per	zynski		
	PART 1. DE ATH WAS CAUSED 8	one couse per line for (o), (b), and (c) Po Y: CAUSE (o) Myocardial inf	ssible pulmon	ary embolus	with	APPROXIMATE INTI BETWEEN ONSET AN	ERVAL D DEATH
	Thought a spirit state of the said	DUE TO, OR AS A CONSEQUENCE OF					
	Conditions, if ony, which gove rise to immediate couse to , stating the underlying couse lost.	(b) Carcinoma of t DUE TO, OR AS A CONSEQUENCE OF	he penis and	azotemia			
NO	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USE NG CAUSES OF DEA NO 1	ATH?
_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR				
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a. certify that (1) (this haspital) with decased alive on e) dia (dia gat) v	ottended the deceosed from March 1arch 21 19 86 on lew the body offer death.	5 , 19 86 d that ir (my) (our) opinion of	to March 2	ote and hour or	86 that (I)	(we) o
	278 SIGNOUN CONS		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22¢ DATE SIGNED)
	224 PHYSICIAN'S NAME ITTE OFF	mit)	22e ADDRESS				
	J. Schwartzma	n, M.D.	9000 Frankl	in Square	Drive-2	1237	
	BURIAL, CREMATION, REMOVAL	3/24/86 Parkwo		23d LOCATION CITY OF TOWN Baltimo	re	Maryla	state
_	uneral director .da-Ruck Funera	Baltimore, al Home 7922 Wise	MD 21222 MAF	RECD. BY REGISTRAR 2 6 1986	25b REGISTRAI	R'S SIGNATURE	

STATE OF MARYLAND

(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND	-		_
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	Ó	U
CERTIFICATE OF BEATH			

REG. NO

CERTIFICATE OF DEATH

		CEASED NAME FIRS		MIDDLE		AST	20 DATE OF DEATH M		AR 26 HOUR	
oge 3	(1.77)	OK PRINT	Grace Lo	ouise Ros	ier		March 21,	1986		M
20 7	3 SE	<	4 RACE		5 DATE C		& AGE (IN YEARS LAST BIRTH			_
ector po		F	W		Mar	. 29°, 190°3°	82	YRS YRS	DATS HOURS M	UN.
nerol dir		RTHPLACE (STATE OR FOREIGH	N 76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DE DIVORCED	Baltimore city or Baltimore			MD.
by the fu	10 C	TOWSON	(IF NOT IN SUC	HEACILITY, GIVE STREET	DDRESSI	Maryland	170 USUAL OCCUPATIO		ND OF BUSINESS OF STRY STRY STORY	or e
filled in	USU. 13a S		ome or other institution. COUNTY altimore	130. CITY OR TOWN TOWSON	4	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / : 1306 Aintr	zip cope cee Rd.	21204	
O Bole et		THER'S NAME Charles		£AST		15 MOTHER'S MAIDEN NAM	lice McCabe		LAST	
n and co		VAS DECEASED EVER IN U. (ES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES GIVE WAR OR DATES)	215 03 2		Mr. Lester	Stagge 1306		Road -0)4
hyung copers		18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one cause per AUSED BY EDIATE CAUSE (a)	line far 10 , 16 , and CARD	o D	nl monory	ARREST	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEA	TH
(B d)		Conditions, if any, which	ch ((b)_	RASCONSEDUE	NCE OF	calon occi	pent	10	14-	
4		couse (a), stating the underlying couse los	DUE TO, OI	CENERA	M		solenosis	4	V	
Then p to hor mjury.	N O	PART 2 OTHER SIGNIFICA	ant conditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PAI	RT 1101	
1119	TIFICATI	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		206 IF YES, WERE F IN CERTIFYING CA YES [
1119	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM TO PART I OR PAR	RT 2)	
offer the the transfer the transfer to the tra	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY PEET FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	N COUNT	TY STATE	
CTOR A for set of Healt		saw the deceased ob above, (1) (we Adid) (c	ve on MA	R 20 19 8	A .	d that in (my) (sort) opinion of	to Mark.	and have and Iron		lost
TALORE detached obsorbed		27h. SIGNATURE	twof	1 m1)		MEDICAL STAFF		2-ZI-86	
DO FUNE health by the Si		22d. PHYSICIAN SNAME	VENABL	Esh ii	0	1215 400	in Ad-Bi	DITIMO	441)	
BP		URIAL, CREMATION, REMO	236. DATE 3/24/			emetery or crematory and Mem. Park		re, Md.	STATE	
HMH - 16 60M 7/84	24 Ft	INERAL DIRECTOR		ADDRESS	net lan		REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIG	NATURE AND	
(VPA 15 4)	MI	TCHELL-WIEDE	FFID HOME.	INC.	5500	York Rd.	100 G G G G G G G G G G G G G G G G G G	M. 1994 Co. 1994		

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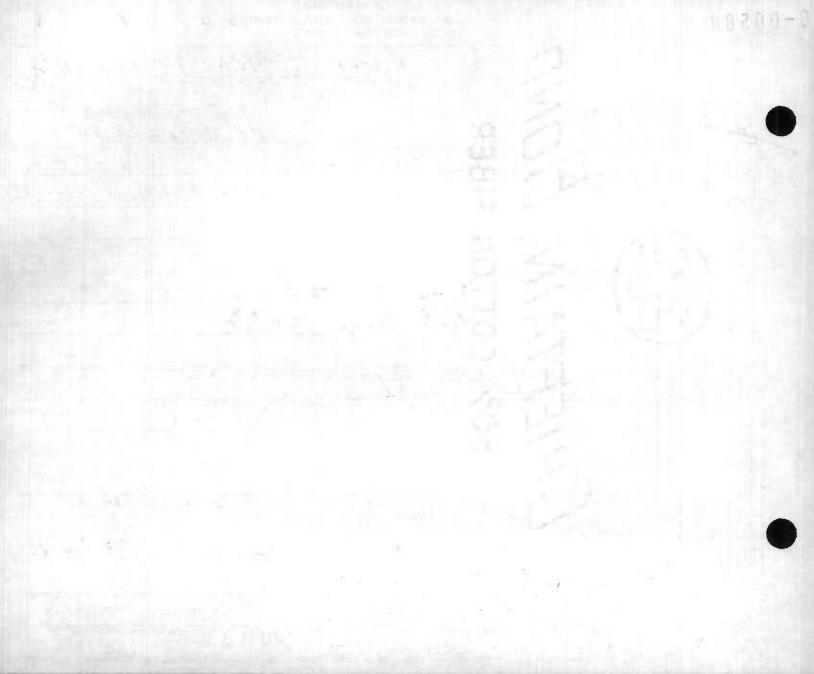
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ALL AND THE COURSE OF STREET

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ه ۹ و و مو و و	1 DE	REGISTRAR CEASED NAME RA	LPH PH		WIDDLE	0 '	ASTRUOFF OF F	REG. N 20. DATE OF DEATH	MONTH DAY	YEAR YEAR	26 HOUR 22
lo Boo	1.56	X X	///	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BI		06 UNDER I YEAR	IF UNDER 24 HRS
1(16)	1	MALE	ALT	WHI	TE	JUN	E 20 1910	75	YRS	VIHS DAYS	HOURS MIN.
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ompletel Nond 2	14 FA	THER'S NAME FIRST CHARLE		MIDDLE	RUOF	F	IS MOTHER'S MAIDEN NAM	MIDDLE		сно [‡]	
be execu	N	MAS DECEASED EVER II		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 217-12-	3902	Loretta Mo	ntalbano		c) Ov	O. Box vings Mil
equires that the death in signed by the attends. Then please remove con Then puriol, cremation, an injury, or ather troumatin.	NOI	Conditions, if any, gove rise to imme couse (0), stoting underlying couse PART 2 OTHER SIGN	ediate the lost.	(b)		NCE OF	NOT RELATED TO THE TERM	PD INAL DISEASE OR COM	ndition given	IN PART IS	0
N: The law a hysician. Icate has bee ransit permit. Hygiene prio	CERTIFICATION	19a DATE OF OPERATI	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	NG CAUSES	NGS USED OF DEATH?
SICIA ng pl certif certif might	MEDICAL CE	216. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEA	TH HOUR A	.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)	
NG PHYS officer this os the bu th and M arked ar	MED	216 INJURY OCCURRE	E []		OF INJURY REET, FACTORY, OFFICE FA	RM, ETC)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
TENDI or TOR: A for use of Heal		220 1 certify that (I) (sow the deceased above, (I) (we) (di	d olive on	3-1	19.5	3-11 G. or	that in (my) (our) opinion o	to 3- () death occurred on the c			that (I) (we) lost causes stated
SPITAL OK A dby the host		22b. SIGNATURE		an	· · · ·	7		MEDICAL STA	AFF CIAN []	3/	18/81
O HO Prome		CA PHYSICIAN'S NA	16	(.	PATI	21.0	220. ADDRESS			1	
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EPARTMENT	OF	HE	ALT	H A	ND	MENT	Δ

2116		FOR STATE REGISTRAR			ARTMENT OF I	E OF MARTLAND BEALTH AND MENTAL HYG CLATE OF DEATH	REG, NO.	7 1	12	
		CEASED NAME FIRST MIDDLE LAST Annie Laura Sawyer					March 30, 1980	DAY YEAR	10:45 A	
rs offer o	3. SEX			RACE W	NOV.	0F BIRTH 1 8, 01896 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 89 YRS.	IF UNDER I YEAR	HOURS MIN.	
23	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Va.			b CITIZEN OF WHAT COUN	TRY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	Baltimore Co.,		MD.	
90	Towson			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Presbyterian Home of Maryland			126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET 126. KIND OF BUSINESS OF MORKING LIFE)			
85	13e. 3	AL RESIDENCE (IF NURSING STATE Md.	HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE IS CITY OR Balti:	TOWN	13d INSIDE CITY LIMITS? YES \$\inc\$ NO []	13e STREET ADDRESS / ZIP COD 4630 Park He	e ights A v	re. 21215	
W	14 FA	THER'S NAME George	e P."	Ashburn		15. MOTHER'S MAIDEN NA/ FIRST	Mildred Booth	LAS	Ti	
medico		VAS DECEASED EVER IN (ES, NOOR UNKNOWN) (WAR OR DATES	9 8292A	Presbyterian	Home of Md. To	owson, M	dd. 2120	
by the hospitol or offending physicion. LERAL DIRECTOR. After this certificate has been signed by the ottending phose detached for use as the burial-tronsit permit. Then please remove corbanp. State Dept of Health and Mental Hypere prior to burial, cremation, or remarked to the state of th	TION	PART I. DEATH WAS CAUSE OBY MIN MEDIATE CAUSE (a) CARDIO PU ARREST MIN Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost Due TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								
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should be with the Sti	230 B	SURIAL, CREMATION, REI	WA.	BLE:		7215 40	23d LOCATION CITY OF TOWN	COUNTY	STATE	
1 - 16 60M 7/84 VRA 15, 4)	24. FI	Burial UNERAL DIRECTOR MITCHELL-WII	EDEFI	4/2/86 ELD HOME, INC	DECC		Baltimore, MERCOD BY REGISTRAR 256 REGISTRAR	Id.	TURE	

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			FOR Film G6	14 item	5	STA DEPARTMENT OF		AARYLAND	HYGIENE.			
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	23 3 3 S F	{TYF	E OR PRINT)	PATRI	ICTA A	ileen	SI	YLCR	Or	ESTI-	3-23-86 19	
	REGERA	3. SEX	4. R	ACE	S. DATE OF BIRTH	6. AGE (IN YE	ARS IF U	DER 1 YR. IF UNDE	R 24 HRS. 2c. DA		MONTH DAY YEA	R 2d HOUR
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	E FUNERAL DIRECTOR. E F FOR YOUR FILES. E S ATTHIN 72 HOURS I W PRETON STREET.		reign country)		U.S.A.		WIDOV	IED X NEVER MARI	[7]	1-imaya	Country	
- Sing	A HE FUN		TY OR TOWN OF D	DEATH	11. NAME OF HOS	PITAL, NURSING HOM	E. OR OTH		120 USUAL OCC	Itimore UPATION (TYPE OF	WORK 126 KIND OF	BUSINESS
7.0	RAND 3 TO THE PI REFAIN PAGE 5 HOULD BEFILED.		Towson		St. JOS	culty, give street address) seph's Hosp	ital		Homema Homema		OR INDU:	TRY
1-9	EQUID B				OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS		has ment city imites				
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è.	X COM	14 F/	ATHER'S NAME		MIDDLE	LAST		IS MOTHER'S MAIL		MIDDLE	LAST	
E.	ES SE	Ed	lward		Francis	Reilly		Doris		E.	Agnor	
WO	S S S S S S S S S S S S S S S S S S S	16s. V	VAS DECEASED EV			166 SOCIAL SECURIT	Y NO.	17 INFORMANT		ADDRESS	25,1102	
BALTIMORE, MD.	S AFTER DEA GIVE PAGES ITH FORM P PAGES 1 AN IVISION OF	No		(IF TES, OIVE	WAR OR DATES	219-44-82	296	George M	. Savlor	same a	s 13e	
	SOE FE		IS CAUSE OF DE	ATH (Enter on	ly ane cause per line	far (a), (b), and (c).)					APPROXIM	ATE INTERVAL
W. PRESTON ST.	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D	U.F	PARTIDEATH WAS CAUSED BY: MANAGEDIATE CAUSE (a) Arteriosclerotic hypertensive cardiovascular									JET AND SEATT
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DIVISION OF VITAL RECORDS, 201	FICATE SHOULD BE EXECUTE: THE WORD "PENDING" IN FO O THE CHIEF MEDICAL EXA OULD BE USED AS A BURIAL STAKENT OF HEALTH AND MA DR TO BURIAL, CREMATION,	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101									
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NO	RTIFICATE SI NG THE WO TO THE O SHOULD BE SHOULD BE PARTMENT		UNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH DAY YEAR	Υ					
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٥	TSAGA	2	AT WORK AT	WORK C) January Act	ONT, FARM, ETC.)		THE CO	CITY OR	OWN	COUNTY	STATE
	ME: THI	00	22a. I certify th	at I taak charg	e of the remains desc	ribed abave, held on	Autap	sy X, Inspection	on , Inquit	v . and i	n my opinion	
	A CHAPTER		death resulted fr	am: Notur	ral causes X.	Accident, Su	icide	, Hamicide .	Undetermined	manner .		
	WIT WIT			1-	00			TITLE (SPECIFY)				
	A HALLAND		SIGNATURE	M	YXX	~	N	D. Assista	ant MEDICAL EXA	AMINER	DATE SIGNED 3-24-8	6
	S S S S S S S S S S S S S S S S S S S		EXAMINER'S NA	AE ~								
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFFER DEATH, WITH THE ST. BALTWORE, MARYLAND, 2		(TYPE OR PRINT)			Korell, M.D.			PennStr			
	EDS E 4 8		URIAL, CREMATION	REMOVAL 2	3/27/1986	Garriso		est Cem.	23d. LOCATION	e Mille	Balto., N	STATE
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057	Jr.	FOR - STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0 7	1 1 4			
6		CEASED NAME FIRST	MIDDLE	L/	AST	26 DATE OF DEATH	MONTH DAY YEAR	26 HOUR			
/		RICHAR	D S	SCH	ALL Jr	Mar.3, 1		м			
	3 SE	X	4 RACE	5. DATE O		87 9 BALTIMORE CITY OF COUNTY OF DEATH					
	-	Male	White	10	12 1898						
\$5		COUNTRY) Md.	16 CITIZEN OF WHAT COUNTR	Y? 8. MARRIEI WIDOWE	DINEVER MARRIED DINORCED						
170	T	OWSON	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR Manor Care	Ruxton	R OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Ret Mgr. 126 KIND OF BUSINE INDUSTRY Leather					
25	136.	Md 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF UNITY Balto 13c CITY OR TO Towson	ORE ADMISSION) DWN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /	ZIP CODE 28 Southerl	y Rd. 2/20			
280	14 F	ATHER'S NAME FIRST Richard	S Schall		IS MOTHER'S MAIDEN NAM Augusta	ME MIDDLE	Lawrence	LAST			
e medico		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	COST WAS OR DATES		Mrs. Russell	Niller 11	09 Echo Ct	North ROXIMATE INTERVAL IEN ONSET AND DEATH			
hen please remave carbo to burial, cremation, ar re njury, ar ather traumatic e	MEDICAL CERTIFICATION	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ital									
t permit.		19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO					
ntol Hygi em 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)			
rked or It		21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM ETC)	211 LOCATION STREET	CITY OR TOW	AN COUNTA	STATE			
or use os of Health 21 is mar		220 I certify that (1) (this hospital) attended the deceased from 2.67.519.86, to 3(> 19.86, that (1) (we) last saw the deceased alive an 2.77.619. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death									
VT: If Hern		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
with the State		226 PHYSICIAN'S NAME (TYPE	Leslie		22e ADDRESS 3501 S	t. Paul St.					
, 3 <u>S</u>		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	3-5-86 23	Oaklaw	EMETERY OR CREMATORY	23d LOCATION CHYORTOWN Baltimore	Baltimo	ore Md.			
60M 7/B4 5, 4)		uneral director tchell-Wiedefe	1d Home 6500 You	rk Road	21212 250. DATI	E REC'D. BY REGISTRAR 2 WAK 1 1 198	REGISTRAR'S SIGN	ature jandell			

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STATE OF MARYLAND - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Alma V. Schmidt 4 RACE AGE LINYEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 2-18-1907 White b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED & DIVORCED Maryland Baltimore County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Owings Mills 130 E. Homemaker Harry Lane 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 130 Harry Lane Maryland Owings Mills 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST John W. Spranklin S unknown 17. INFORMANT Annapolis IT. PAGES 1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** 21403 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) John W. Spranklin Jr. 793C Fairview Ave 216-46-2914 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10 USED AS A POF HEALTH / CERTIFICATION FHIS CLASS

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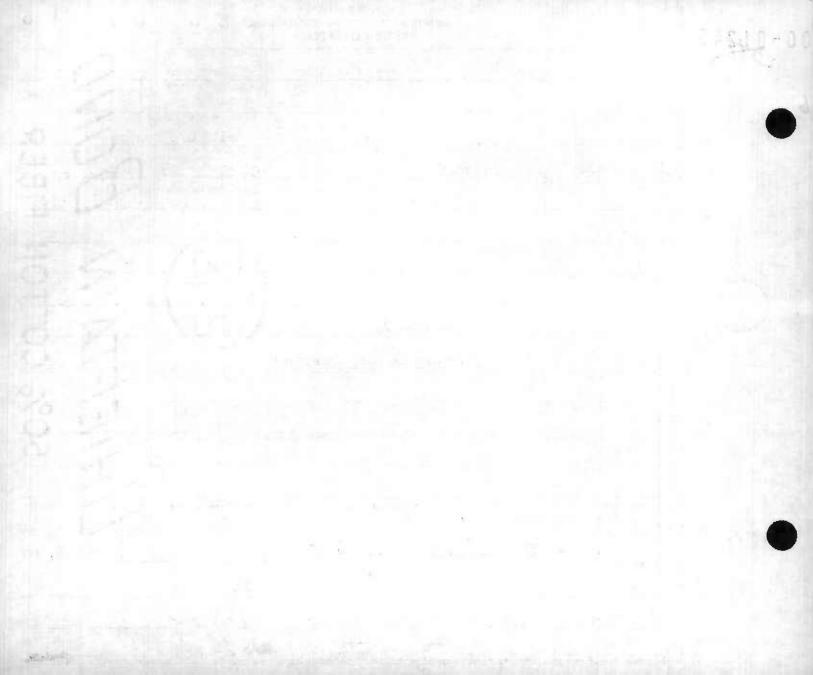
PAGE 3 SHOULD BE USED A

STATE DEPARTMENT OF HEA

STATE OF PAGE

STATE OF 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian TO MEDICALE DESCRIPTION PAGE 4 SHOULD TO FUNERAL DIRECTOR AFTER DEATH, WITH Natural causes Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE_ EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 231 DATE STATE 3-28-86 Baltimore National Cem Baltimore 07/B4 25M 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250. DATE REC'D. BY REGISTRAR DHMH - 17 8728 Liberty Rd. Randallstown, MD 21133 (VR A15 ME (5))

STATE OF MARYLAND



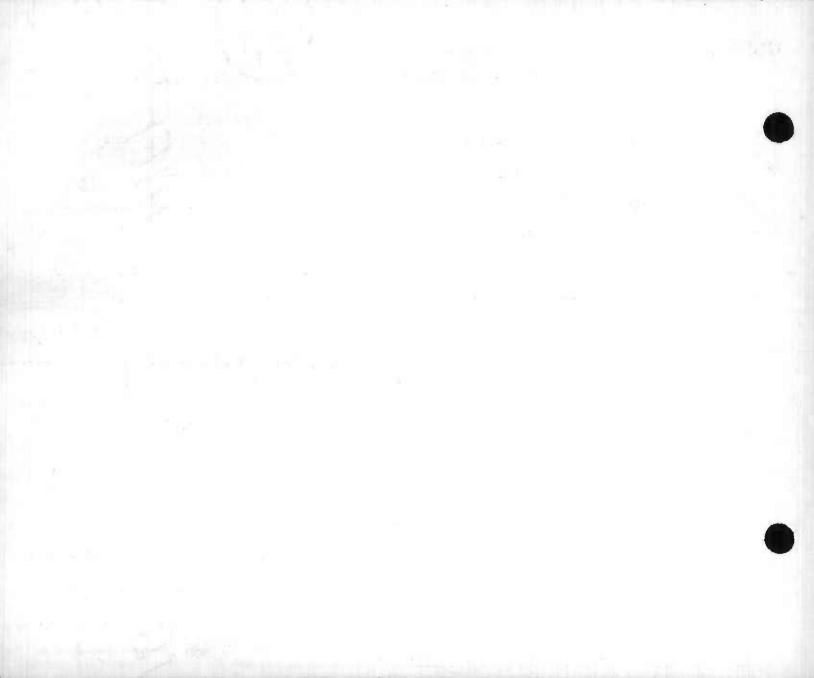
DIVISION OF VITAL RECORDS, 201 W. PRESTON \$T., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the dealth in the recuted within 24 hours after death. Page retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending injurient and completely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove carbon pages. I and 2 should be filed within 22 hours a with the State Dept. of Health and Mental Hyajene prior to burial, cremation.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumonts event, the medical examines be not fired and or de-
DIVISION OF VI	TO HOSPITAL OR ATTENDING PHYSICIAN The Legined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certifical should be detached for use as the burial-transwith the State Dept of Health and Mental Hy	MPORTANT: If them 2] is marked or them 18

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1 -	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	7117			
	CEASED NAME EIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH DA	20. HOUR			
	Cora		neider		March 5, 1986				
3. SE)		RACE	0.0	DF BIRTH	MC	EUNDER I YEAR IF UNDER 24 HRS			
	Female	White		ber 15, 1888	97 YRS.				
	OUNTRY	CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C				
-	aryland TY OR TOWN OF DEATH	U.S.A.	WIDOWI	DR OTHER INSTITUTION	Baltimore Col	I 126 KIND OF BUSINESS OR			
1	Pikesville F	ikesville	Nursing & C	Convalescent	TYPE OF WORK FOR MOST OF WORKING LIFE) MILL Worker	INDUSTRY			
130 S M	al residence (if nur and architate aryland		SIDENCE BEFORE ADMISSION) LY OR TOWN LITIMORE	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 5616 Mattfeldt A	venue 21209			
14. FA	THER'S NAME Jacob Sch	neider	LAST	15 MOTHER'S MAIDEN NAME MARY J	ane Michael	LAST			
(1	VAS DECEASED EVER IN U.S. ARM (ES. NO OR UNKNOWN) YES, GIVE NO	WAR OR DATES) 21	3 05 0412	Anna R. Dail	y 903 Cooks Lan	e 21229			
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (o)	CONSEQUENCE OF	anest		APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH			
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	((c) P	CONSEQUENCE OF	makes P/S	gastrostom	- Togo			
NOI	PART 2 OTHER SIGNIFICANT CO			NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVE	IN PART 110			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?			
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. /	JRY MONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE IN HILLIAN ITEM IB PAR	RI I OR PARI ?)			
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF IN.	JURY CTORY OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	22a I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	1/12.	19 8 60 0	nd that in (my) (our) opinion (death accurred on the date and hour				
	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OR	9		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/5/8/e			
	Dr. Myung Hee	The second second			lameda, Baltimore	, Md. 21239			
	urial, cremation, removal specifical	03/07/198		Ldge Cemetery	Pikesville, Bal	to.Co., Md.			

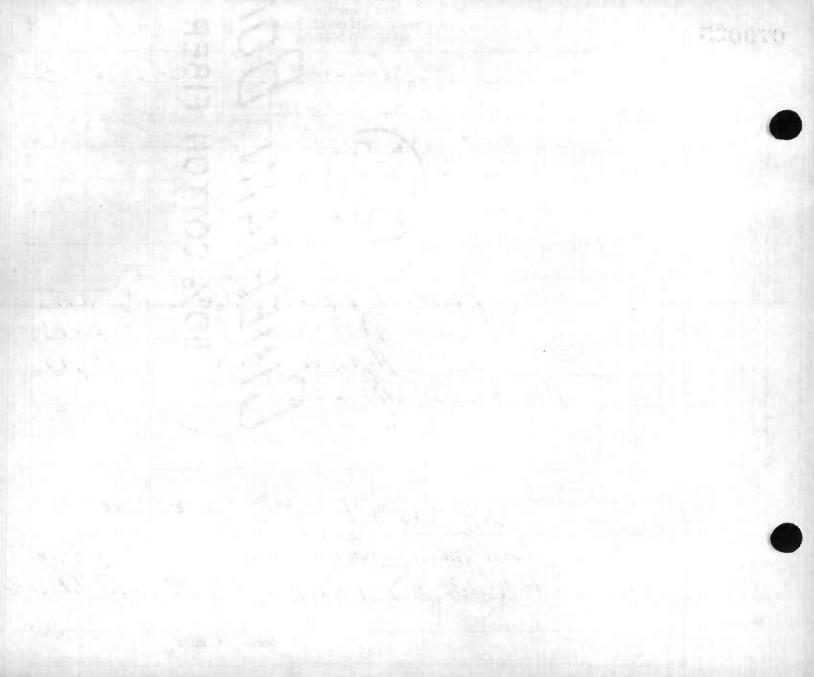
Burgee-Henss Funeral Home, Balto., Md. 21211 DHMH - 16 50M 4/83 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE
MAR 6 1986 Julia Meridian Registra.



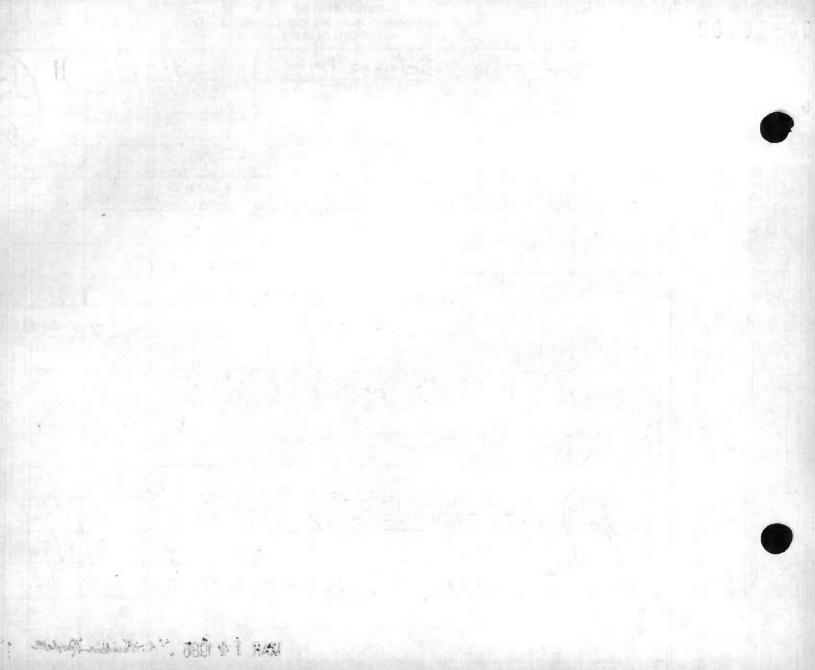
070025	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 5 5	0 / 1 1 0
. m#		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
d deo		t/en		Schroeder	3	6 86 6 AM
	3 SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1 6	_	nale	White	12 6 1891	45 YRS	
1 30 102		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
1-50		Md.	U.S. A.	WIDOWED DIVORCED	Baltimore Cou	
# ## P	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
dr file	K	andalls town.	Chapel Hil	conv. Home	Part Section	
0 24 ho	13a		R OLMER INSULUTION GIVE RESIDENCE BEFOR	NN 13d. INSIDE CITY LIMITS?	3905 Falls Ru	n Rd. 21133
# # 50X \$ A	14 F/	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	I AME	IAST
B G SO		Ernest	Schro	eder Julia		Wernecke
Poges 1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	- 11-11-11-11-11-11-11-11-11-11-11-11-11
S. Poo		no	217-01	-5659 Donald F.	Schroeder Rai	rdallstown, Md
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h cer ding orbo or re			DUE TO, OR AS A CONSEQU	JENCE OF A CU		
deat ove ove o		Conditions, if ony, which	(b) Ou			20915
by the cose removed of cremo		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOL	JENCE OF Hyperchoc	Trace.	70445
gned gned en ple buric	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT SOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1 0
requestration or to	10	V	192 Anuss	alitere		
low in the prior	CERTIFICATION	190 DATE OF OPERATION	19 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
N. The nysicion.	ERTI	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			res NO
phys phys of Hy of Hy		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
YSIC ling s cer went went	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
the the bond of th	ME	WHILE IT NOT WHILE IT	(AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
or o or o or o of the		AT WORK AT WORK	intal) attended the defeased from	11/21 10 8	1 - 3/6	19 86, that (I) (we) lost
TEN Infol Or US		spw, the deceased alive pr	2 3/6/ 19	Contract of the contract of th	n death occurred on the date and ha	
R AT hosp hosp hed fred frem 2		221/21QFVaCORE	of areviether day ofter depth	DEGRAE		122r. DATE SIGNED,
the processor of the pr		Mally	Lat mma	ATTENDING PHYSICIAN	MEDICAL STAFF	3/6/26
HOSPITA HOSPITA PUNERA WId be de Mithe State PORTANT		THE PHYSICIAN'S NAME ILITE	deman /	226 ADDRESS /	1/1////	1 4 mil.
		Martin	Fold Malo	(1) 1 E1/40	444 HILL 1891	CUST 1/10/11/3
O of O of W		BURIAL, CREMATION, REMOVA	L 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	THE LOCATION	
BP		Burial	3/8/86 1	orraine Park	Woodlawn	edimite Md.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		75e. D		TRAFSSIGNATURE
(VRA 15. 4)		Eline Funo	nal 4. Re	isterstown		

STATE OF MARYLAND



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0 0	00.0			REGISTRAR	LINE B		CEKTIF	ICATE OF DEATH		REG. NO		Mins ba		fide:
	e m£			CEASED NAME FIRST		WIDDLE	1	AST 1 0 1 -	2a. DA	TE OF DEATH	HTHOM	DAY YEAR	2b HOUR	1
	oge deat			JOHN		1rd oc	クトの	2 961)	11/	86	4	AM.
	E . e		3 SE		4. RACE		S. DATE O			(IN YEARS LAST BI	HDAY)	MONTHS DAYS	IF UNDER 2	MIN.
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	Pod Should	23		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIE	9 BAL	TIMORE CITY O	RCOUNTY	OF DEATH	1	
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	frer of the fu	The of	10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME O	R OTHER INSTITUTIO	ON 120 US	SUAL OCCUPATE	ON	12b. KIND O	F BUSINES	SOR
102	by th	6	2	Lutherville	11	6 Hedge	wood	Rd.		Account		Stee	1	
MARYLAND 2120	be be	st be	USU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	13c. CITY OR TOV	RE ADMISSION)	13d INSIDECITY LIM		REET ADDRESS				
ON O	filled fould	E C	M	d. Balt		Luthe	rvill	EYES NO		116 He	dgew	ood Rd	. 21	.093
RYL	orthur 22 st	- C	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAID	EN NAME					
MA	apple of w) \$ (J	ohn H. Schroe		LAS!		Ella FIRST		F.		Thoma		
SE.	d co	dicol		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SSCam	0 20 #	13	
BALTIMORE	be en	a a e e	100	No No	WAR OR DATES)	217-09	-3635	Mrs.	Lorra	ine Sc	hroe	der "	1.0	
FAL	mper and a series	#	1-1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse pe	r line far (a), (b), a	nd (c)	1 510	1. 1.0	6400		BETWEEN	MATE INTERV	AL DEATH
ts		V			E CAUSE (a)	Myo	cura	last Tivi	19/01	77 11		i	boi	14
o o	4 B	1	6	The second	DUE TO, C	R AS A CONSEOL	JENCE 9	20115						. 110
PRESTON ST	1 113	0		Canditions, if any, which	(b)_		1	SCV. D.				20	y-60	(1)
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RECORDS	1 11	1	CATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATION	WAS PERFORMED	20a	AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED	
	28 282	E las	CERTIFIC		TO SEC				YES	D NON	IN CERTIF	YING CAUSES	OF DEATH	1?
DIVISION OF VITAL	N Page	90	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY .M. MONTH D	AV VEAD	21c HOW INJURY C	OCCURRED (EN	ITER NATURE OF INJUR	Y IN ITEM 18 P	'ART I OR PART 2)	A	
ő	ACTA Berth	1/	CAL	OR CONTRIBUTING CAUSE OF DEA	111	.M. MONTH L	19							
NO.	A Maria	10	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY OFFICE.	Faller Fro	21f. LOCATION		CITY OR TO	AN	COUNTY	STA	ATS
28	01 110	1 ted	>	AT WORK AT WORK	(Al HOME 31	REEL PACIONY OFFICE,	FARM, EIC)	_		-1.	120		- 1-	.,,
9	N - 8 - 10 - 10 - 10 - 10 - 10 - 10 - 10	E.		22a.1 certify tho (1) his hospit			195	5 19_	, to	3/11	76	19	that (I) (we	e) lost
-	日報 日車を	51	10	sow the deceased alive on above, (Driwe) (did) (digma	view the body	offer Weath 19_	, on	d that in (my) (our) a	pinion death or	coursed on the do	ite and hou	r and from the	causes state	ed
	R of the state of	1		22b. SIGNATURE	20,	11.		DEGREE				224 DATE	SIGNED	_
	A B	1	-	1 (W////	dy	ω		ATTEND PHYSIC	ING MED	ICAL STAF	F IAN [9/11	1/8	6
	d by SPE	3		224 PHYSICIAN'S NAME TYPE O	PRINT		MAN	22e ADDRESS		././ .		-/-	1,001	1
	O HOSPITAL Promed by the TO FUNERAL Should be dest	MFORTANI		ray!	12/0	40/	(11)-	660 K	THING	11/6)	1/	1 cuson	Ma	Sa
	Et Pal			URIAL, CREMATION, REMOVAL	236 DATE		NAME OF CE	EMETERY OR CREMA	TORY 23d	LOCATION CITY OR TOWN	1	COUNTY	STA	A75
	BP	- 11		Removal	3/1	1/86								
	DHMH - 16 50M 1	/B1	24 FL	NERAL DIRECTOR		ADDRESS				BY REGISTRAR			JRE	
	(VRA 15, 4)			Anator	ny Boa:	rd	Balt	o., Md.	MAR 1	4 1986	- Min ol	MANAGE PARTY	officer	1

.



- STATE

REGISTRAR

(SPECIFY) BURIAL

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BRUS., INC.

6010 REISTERSTOWN RD. BALTO. MD

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

HEBREW FRIENDSHIP

21215

REG. NO

BALTIMORE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

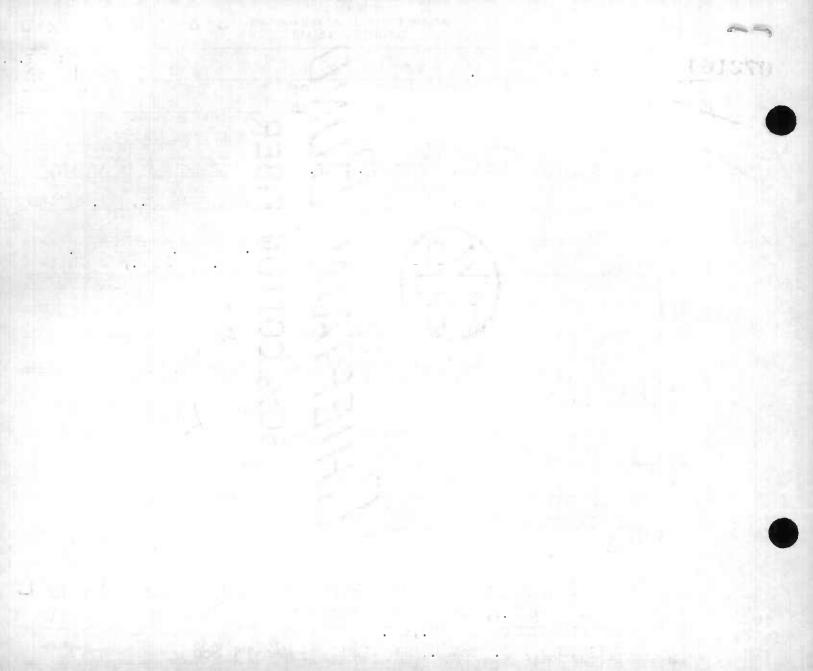
MONTH

21210

MARYLAND

june in som fandate

20 DATE OF DEATH



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO.

1/-		CEASED NAME FIRST Justu	s Sc]	nweitzer	AST	March 28		26 HOUR
The	3. SE	x Male	White	5. DATE C	of Birth och 2°,4° 1913°	6 AGE (IN YEARS LAST BIRTH	MONTHS DAT	
35		Baltimore, Md.	76 CITIZEN OF WHAT COUN	MARRIE WIDOWE			e County	MD.
]	Essex 21221		y Point		17th OF WORK FOR MOST OF Counselor	WORKING LIFE) 12b. KIND WORKING LIFE) INDUSTR	1 Services
V	13a M			TOWN	13d INSIDE CITY LIMITS? YES NO		ZIP CODE cey Point R	d. 21221
业		ATHER'S NAME FIRST John Conrad WAS DECEASED EVER IN U.S. AF	Schweitzer	SECURITY NO.	15 MOTHER'S MAIDEN NAME FIRST Florence	Mae Taue	ber	AST
e medic			VE WAR OR DATES)	03 3124	Ann L. Schwei	itzer, Wife	Same	
event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for to i, (ED BY: TE CAUSE Io)		PIRATION		APPRO BET WEE	2 Bus
r ather traumation	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(E)	6 4W				
ny injury. o	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING				ITION GIVEN IN PART	
3	RTIFIC					YES NO	IN CERTIFYING CAUSE YES	
hem 98 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	
arked a	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
e is w		73s.1 certify that () (this hosp sow the decessed slive as above. (1) was (a) (1) and as	PSA 8,	19_ 86 or	nd that in (our) opinion d	eoth occurred on the dot	e and hour and from th	
NT. H. He		224 SIGNATURE	THE CHARLES	14.	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF		71 176
MPORTANT		CHARCE	5 HOES	_, ,	9712 BEE	Ann Re	BACTU.	MR 21236
		BURIAL, CREMATION, REMOVAL BURIAL	4/1/86	Holy Ro	sary Cemetery	Baltimore	e Md. COUNTY	STATE
7/84	24 FI	uneral director	Home PA 14	07 Old I	Castern Ave	PRO 1 1986	SE REGISTRAR'S SIGN.	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

ottending physician

a Marantal Stronger and remark when the first parties

(17/0/180)

RETIRED TRUCK ...IVER

LARVLAND DARROLL DANCHESTER 4707 WARNER DR. 27102

TREDERICK G. SEAL CLANCHE

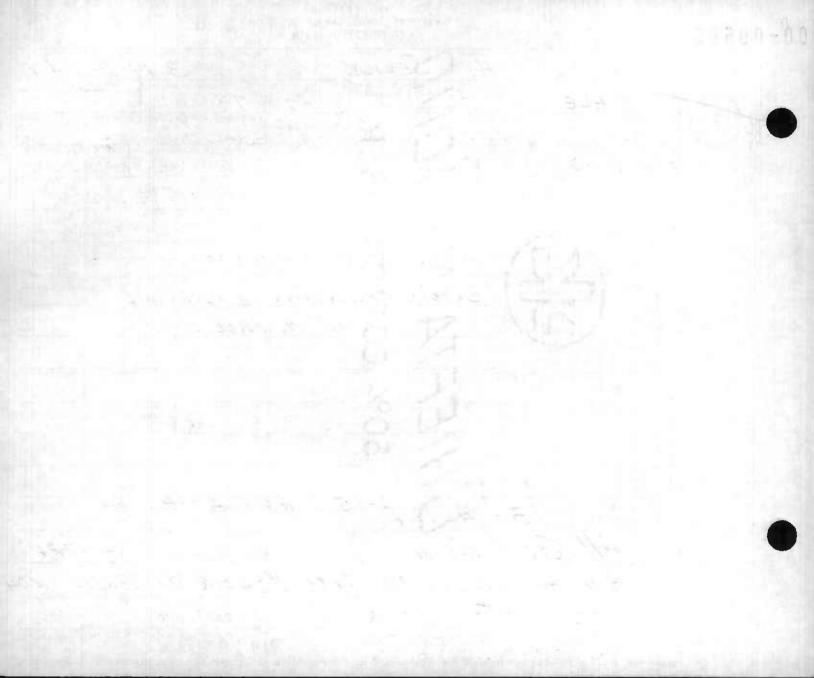
41,01 ARY DE CATHERINE L. SEAL 27102 ...

BURIAL 9/56 MEADOWRIDGE MERURIAL OWARD J.D. ELINE FUNERAL HOME, CEISTERSTOWN, MD.

0-00495	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH) / ! 2 3
	1.06	CEASED NAME: FIRST	MIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 74	(TYM	Herb	ert	Selenton	3	11 86 330 AM
341	3,58		1 RACE White	S. DATE OF BIRTH MONTH DAY YEAR 3 3 1 6	6. AGE (IN YEARS LAST BIRTHDAY) 6.7 YRS	MONTHS DAYS HOURS MIN.
		INTHERACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNT BALTIMORE	
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI 2 B NOBILITY	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING L SALES REP.	126. KIND OF BUSINESS OR
	U6U Data	A RESIDENCE (IF NURSING HOME OF STATE MARYLAND BA ATHER'S NAME FIRST	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY LITIMORE OWING MODIE (AS1	ORE ADMISSION) OWN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD 2 B No BILITY	COURT 21117
				OW ROSE CURITY NO. 17 INFORMANT	ADDRESS	JAFFEE 21/36
Pop #		YES WI	215-10	6-7636 IDA ROSS :	34 EWING DR	KEISTERSTOWN, KIT)
W. PRESTUREST on an and the depth certifical by the attending physics remove contacting of a contaction, or remove other traumotic events.		Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last	nly ane cause per line for (o), (b), ID BY: TE CAUSE (a) DUE TO, OR AS A CONSEC	Vascular Taju		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 200 NG PHYSICIAN. The low requires the other certifician has been signed as the bound in one has been signed in the bound in one with the plan. The cod Mental Hygiene prior to during orked or them, it shows may injury, or	THON	Ulu	er of leg.	O DEATH BUT NOT RELATED TO THE TERM		
4 4 4 4 4 9	RTIFICAT	19a. DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
Section 19	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART ?}
offer the the through the cod N	MED	214 INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
CTOR A STREET		saw the deceased alive ar	ital) attended the deceased from 2 19 at) view the bady after death.	86, and that in (my) (aur) apinian	death accurred on the date and ha	
TAL OR J		22b SIGNATURE	SIMoli		MEDICAL STAFF DIRECTOR PHYSICIAN	3/11/88
O FUNER CO F		226. PHYSICIAN'S NAME (TYPE		??e ADDRESS		
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		R NAME OF CEMETERY OF CREMATORY BALTIMORE HEBREW	23d LOCATION REISTERSTOWN	N BALTO MD
DHMH - 16 50M 4/B3 (VRA 15, 4)	14 F	UNERAL DIRECTOR NAME -BREW MEMORIAL	EH. IND. 11/73 RE	21208 250 DA	AR 1 7 1986	Maridaen Randon

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STATE OF MARYLAND



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16734	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT	Н	0 7	2 3
0.0	I DEC	EASED NAME FIRST	MIDDLE	LAST	REG.		2h HOUR
nem		OR PRINT)			- 2011 - 2011 - 2011		20 1100K
60		Maying	6.	Sewers		18-1986	5:300 A
12 6	3. SEX	4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST	MONTHS DAYS	
1		Femuly	white	05-13-192		YRS	1.00.00
92		THPLACE ISTATE OR FOREIGN 71	CITIZEN OF WHAT COUNTR	Y? 8	- 9 BALTIMORE CITY	OR COUNTY OF DEATH	
FF 6/0	_	OUNTRY	USA	MARRIED XNEVER MARRIE			
24 4		YORTOWN OF DEATH		SING HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPA	TIMORE CO.	OF BUSINESS OR
11 18	RA	NDALLSTOWN	BALTO. CO.	GEN. HOSPT.	(TYPE OF WORK FOR MOS	BROTHERS	
11 12A	1 0. S	L RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT			AITS? 13e STREET ADDRESS	ZIP CODE	
11		MD. BAL	TO. OWING:	S MILUSES NO	206 GWY	NNBROOK AV	E 21117
10-100	14 FA	THER'S NAME	IDDLE LAST	15 MOTHER'S MAID	DEN NAME		ACT
11/20	2	WILLIAM	Cox	I DA	A14 0	DRNETT	no!
3 5 3 7		AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE			RESS	
20 9/	(1		WAR OR DATES)	3-7239 MR. WII	LLIAM E. SE	LARD OUTNE	s Mills
26 21		No I			LLIAN L. JE		
1000		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane cause per line far (a), (b).	and ic		BETWEEN	NONSET AND DEATH
336			CAUSE (a) COA PICE C	Arrest.			
1101			DUE TO, OR AS A CONSEC	WENCE OF			
2 2 5 5		Canditians, if any, which	(b) Respine			1 1 1 1	
9 9 9 9	1	gave rise to immediate					
4 4 5 5		cause (a), stating the	DUE TO OR AC A CONICEC				
2.40 E			DUE TO, OR AS A CONSEC				
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signed by New please to burnol, or yury, or oth	NO	underlying cause last	10 Risht				lta
sen ugned by at Then please nor to barrol, or my injury, at oth	ATION	underlying cause last	DINDITIONS CONTRIBUTING TO	Cerebral verse	HE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART I	
os been signed by serent Then please e pron to bennot, or es any injury, ar eth	FICATION	PART 2 OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO	Cerebral West	HE TERMINAL DISEASE OR CO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
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Mylicott. Higote Nos been signed by transist permit. Then please in Hygene brands, co. 18 shows any injury, atr other co.	0	PART 2. OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216. TIME OF INJURY	O DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	PINGS USED S OF DEATH?
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by certificate has been signed by burden transity permit. Then please or here is shown any injury, at all here. It shows any injury, at all	AL	PART 2. OTHER SIGNIFICANT CO 90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR 19 CECARGO VERSON DAY YEAR 19 211. LOCATION	200 AUTOPSY? YES NOW OCCURRED (ENTER NATURE OF IN	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES JURY IN ITEM 18 PART 1 OR PART 2)	DINGS USED ES OF DEATH? NO [
this certificate loss been signed by the burst roatst perms. Then please and Mertal Hygene prior to burst, or sed or herr 18 shows any injury, at other than 18 shows any injury.	CAL	Underlying cause last PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19 CECARGO VERSON DAY YEAR 19 211. LOCATION	TE TERMINAL DISEASE OR CO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES JURY IN ITEM 18 PART 1 OR PART 2)	PINGS USED S OF DEATH?
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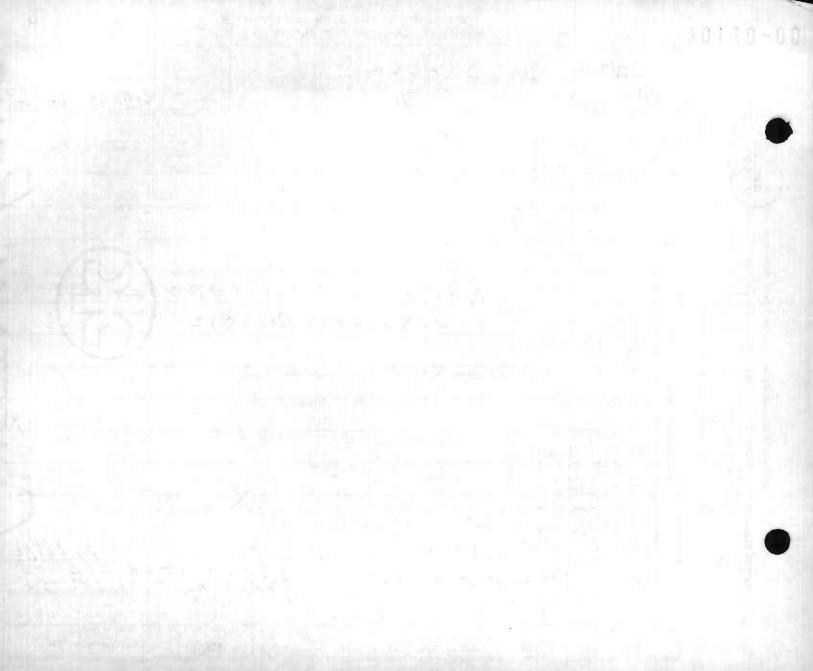
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LINE FUNERAL HOME LEISTERSTONN, NO.

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	- m c - 4 c	73a. B	urial, cremation, rea Burial		04/03/86	23c	ruid Rid	TERY OF	CREMATORY		ikesville	PCO	Ito.	Co.	MA
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED/NAME 20. DATE KNOWN STYPE COS PARTY MARY F ESTI-SHEPHERD DEATH MATED 4. HACE 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED FEMALE DEAD WHITE YRS P. BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE ISSAULCE MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. WIDOWED X DIVORCED COUNTY Maryland BALTIMORE B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 120 USUAL OCCUPATION 1TYPE OF WORK OR INDUSTRY HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) TOWSON JOSEPH HOSPITA Secretary - Stebblins-Anderson 13a STATE 136 COUNTY 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD BALTO BALTIMORF YES NO X 21234 15. MOTHER'S MAIDEN NAME 1305 LAST MIDDLE LAST Albert J. Ellrich Rose Bavnes Agnes MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Baldwin, Md. 21013 (YES, NO, OR UNKNOWN) Carroll E. Ellrich-4704 Carroll Manor Rd. 212-18-8198 No 18 CAUSE OF DEATH (Enter only one cause per line far (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. III. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK 22a. I certify that I took charge of the remains described above, helti Inspection and in my apinian Matural causes Undetermined manner EXAMINER'S NAME TYPE OR PRINT! 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Moreland Memorial RP Parkville, Balto. Md. Burial 3-24-86 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGN 1050 York Rd. **DHMH - 17** (VR A15 ME (5)) Ruck Towson Funeral Home, IncTowson, Md. 21204 20M 4/82

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STATE OF MARYLAND

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	FOR 1 - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG HICATE OF DEATH	REG. NO.	0 7	129
	1. DECEASED NAME (TYPE OR PRINT)	lizabeth F.	Simmo	ons	March 1, 1986	DAY YEAR	3:50p M
	3 SEX Female	4 RACE White	S. DATE OF FEB.	DF BIRTH 12 DAY 1890 TEAR	6. AGE (IN YEARS LAST BIRTHDAY) 96 YRS.	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
1	New Jersey		WHAT COUNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED	Baltimore Country or Country or Country Baltimore Co		MD.
1	Rossville		HOSPITAL, NURSING HOME (CHEACILITY, GIVE STREET ADDRESS) IN Square Hosp		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	LIFE) 12b. KIND C INDUSTRY	OF BUSINESS OR
7		NG HOME OR OTHER INSTITUTION 136 COUNTY Balto.	130. CITY OR TOWN Essex	134 INSIDE CITY LIMITS?	928 Arncliff R	oad 2122	21
3	FATHER'S NAME John	WIDDLE	Ze11 LAST	15 MOTHER'S MAIDEN NA Elitabet		ulk LAS	ST
1	160 WAS DECEASED EVER ((YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 141-54-4123	Charles Butt	ADDRESS Liglieri 928 Arn	cliff Ro	oad 21221
	PART I. DEATH W	I (Enter only one cause pe AS CAUSED BY. IMMEDIATE CAUSE (a)	lineformal, (b), and ic Cardiac Arrest			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (a), statin	which (b)	PRASA CONSEQUENCE OF PRE	umonia,renal	failure		

underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR LOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE cebruary 220.1 certify that (this hospital) attended the deceased from the deceased glive an March 1 , that (we) lost saw the deceased alive an March I above, N(we) (did) (did not) view the bady after death and that in [[[y]] (aur) apinion death accurred an the date and have and from the causes stated DEGREE March 1, 1986 MEDICAL STAFF DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 226. PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS 9000 Franklin Square Drive 21237 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 3/3/86 Pleasantville Cemetery Pleasantville New Jersey Removal 256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

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DHMH - 16 60M 7/B4

(VRA 15, 4)

Connelly Funeral Home 300 Mace Ave. 21221

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	REGISTRAR			MEI	DICAL EXAMI	NER'S	CERTIFICATE C	F DEATH	REG. I	NO.	1	
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3 3	M	1. RACE) NO	ATE OF BIRTH	918EAR LAST BATT	AY) MONT	DER 1 YR. IF UNDER		DATE DNOUNCED	11001	1 HOOCI	19
la.	BIRTHPLACE (STATE OR	7b. (8 5 CITIZEN OF WH		YRS.		(9.E	BALTIMORE CITY	ORCOUN	TY OF DEATH	61
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	Marylan		Balti	more	ist. Ciri Ok 10 Wi		YES NO D	7554		Rd.	21236	
4.	FATHER'S NAM	E		DDLE	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE		LAST	
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PITO	21a. EXTERN	AL CALISE L	MA/AC	21b. TIME OF	IN LUIDY	In		14			YES 🗌	NO
		GOR		HOUR A.M.	MONTH DAY YEA	AR ZIc. H	OW INJURY OCCURRE	D (ENTER NATU	RE OF INJURY IN ITEM	18 PART TORPA	RT 2)	
MEDICAL	CONTRIBUT	OCCURRED	USE OF DEAT	P.M. 21e PLACE C	PF INJURY (AT HOME,	21f. LO	CATION					
ME	WHILE AT WORK	NOT WH	HILE	STREET, FACTO	DRY, FARM, ETC.)		STREET	Cn	TY OR TOWN	CO	YINU	ST
					4 1 1			A				
	270. I cert	1	ok charge of t Natural ca	RO	ribed above, held on	Autop		/		and in my pp	noinic	
	dedin resul	1	Natural Ca		Accident L., A. S.	urcide	, Hamicide	Undetermi	ined manner		-1-	- 1
	ACTUAL SIGNATURE	m	W	M	un	M	0 175170	MEDICAL	L EXAMINER	DATE	3/2	8/8
	EXAMINER'S	NAME	DIA	1 V	C 7	01	1112	51 1	CRUE	626	2 AU	9
	(TYPE OR PR	NT)	107	7 - (60	111	ADDRESS_ 13	ALT	MUV	RE,	MOZ	12
230	(SPECIFY)		2.4		23c. NAME OF CE			23d LOCA	ION	COUN	NTY	STATE
74	FUNERAL DIRE	rial		-31-86	Fork M	ethod:	ist Ch. Cem.	PECID BY DEC	BISTRAR 256 REC	altimo	ore. Mar	ryla
	NAME			ADDRESS	07. 7. 7. 1	n1 0		D O 7	P A	Carla	200	182
	Lassa	nn rur	neral	Home 74	01 Belair	HQ. 2	1236 AP	CUI	1986			

STATE OF MARTLAND

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(VRA 15, 4)

Lassahn Funeral Home

injury, or ather troumatic event, the

STATE OF M	ARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8		FOR STATE REGISTRAR CEASED NAME	FIRST		DEPAR	CERTIF	EALTH AND			REG. NO.	O 7	1 3 1
		OR PRINT)				Editor			Zu. DATE OF	DEATH MOUNT		20. HOUR
	3. SE>	Υ.	Howard	RACE	Emory	S1 Is DATE O	mpson E FORTH		A AGE LINYE	ARS LAST BIRTHDAY)	30 86	IF UNDER 24 HRS
	3. 3EA	Male		White		M35TH	12^	12 ^{AR}	73	YI	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR	FOREIGN 76.	CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	D A NEVER	MARRIED -	9 BALTIMOR	E CITY OR COU	INTY OF DEATH	
		Maryland		US.		WIDOWE	D DI	VORCED		Lmore Co		MD.
7	10 CI	ITY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURS	EET ADDRESS)		TITUTION	120 USUAL O	CCUPATION FOR MOST OF WORKI	NG LIFE) INDUSTRY	OF BUSINESS OR
1		ullerton		200 Mc	Cormick	Avenue	212	06	Ret	Foreman	B.G.	& E.
5	13a S	AL RESIDENCE (IF NURS	13b. COUNTY Balti		130. CITY OR TO		134 INSIDE C	ITY LIMITS?		DDRESS / ZIP C		206
X		THER'S NAME						S MAIDEN NA		200-00-00-00-00-00-00-00-00-00-00-00-00-		
		Clarence	MID:	_	Simpson			Mary		MIDOLE	Enfi	
		VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMA			ADDRESS	- International Control of the Contr	-10
	()	NO OR UNKNOWN)	(# YES, GIVE W	AR OR OATES)	212-0	5-7461	Caro	lvn R.	Conkel	8234 Be	lair Rd.	21236
2	CERTIFICATION	Conditions, if ony gove rise to im- cause (o), stolit- underlying couse PART 2 OTHER SIGN	mediote ng the e lost NIFICANT CON	DUE TO, OF		DUENCE OF CLEROTI	CAN	CO IOVA	20a AUTO	OR CONDITION PSY? 20b. II	F YES, WERE FIND ERTIFYING CAUSE	INGS USED S OF DEATH?
7	ERTI	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O	FINJURY		21c HOW IN	JURY OCCUR		NO PURE OF INJURY IN ITEM	YES D	№ □
7		OR CONTRIBUTING			M. MONTH	DAY YEAR						
	MEDICAL	21d INJURY OCCUR	RED	P. 21e. PLACE (AT HOME STE			211 LOCATION STREET			CITY OR TOWN	COUNTY	STATE
		220. I certify that (I) saw the decease obove, (I) (we) (22b. SIGNATURE	(this hospital)		1 4 4		DEGREE	ATTENDING _	death accurred	on the date and	hour and from the	that (I) (we) last causes stated SIGNED
1		228. PHYSICIAN'S N	AME (TYPE OF PE	RINT)	V	THE DEED	22e ADDRES	S				
1		A. Serg	io Cass	sanego	MD. (24)	3-0343)	Good	Samari	tan Pro	f. Bldg	. Balto.	Md.
1	23a. E	BURIAL, CREMATION,	, REMOVAL	236 DATE			EMETERY OR		23d LOCA	OR TOWN	COUNTY	STATE
	1	Buria	1	4-2-8	5	Garden	s of R	aith		GISTRAR 25% RE	Baltimor	Md.
	24 FL	UNERAL DIRECTOR	hn Fune	aral U	740	Belai	r Rd.	21236AF	RO31	986	GISTRARS GIGNA	Handell

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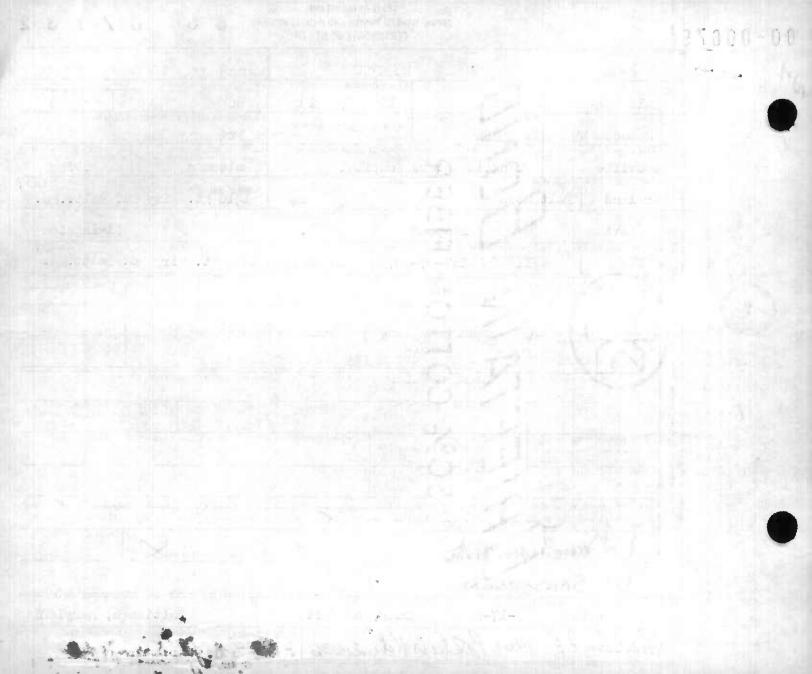
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DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH										
	1. DEC	CEASED NAME FIRST	L. S		SIMF	PSON	March 14		DAY YEAR	26 HOUR		
	3. SE		4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST B	,	IF UNDER 1 YEAR	IF UNDER 24 HRS		
		Male	White		12 7 19		66	YRS.	MONTHS DAYS	HOURS MIN.		
9	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Jamacia NY	76. CITIZEN OF WHAT COUNTRY? USA		MARRIED WEVER MARRIED WIDOWED DIVORCED		Baltimore County of DEATH Baltimore County					
7		TY OR TOWN OF DEATH			IG HOME OR OTHER INSTITUTION		170 USUAL OCCUPA (TYPE OF WORK FOR MOST Salesman	FION OF WORKING L	#E) INDUSTRY	OF BUSINESS OR Obins		
1	13a. S	aryland Bal	OTHER INSTITUTION GIVE RESIDENCE BEFORE A TY 134. CITY OR TOWN IMOTE		13d INSIDE CITY LIMITS?		13. STREET ADDRESS / ZIP CODE 1416 Mt. Airy Rd. Balto		21237 lto.Md.			
)	14 FA	FATHER'S NAME David MIDDLE Simpson				15 MOTHER'S MAIDEN NAME FIRST MIDDLE			Livingston			
	160 V	NAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, G)	MED FORCES? 16	166 SOCIAL SECURITY NO. 17 INFORMANT 127-07-0073 Ann Simps			ADDRESS 217 n 1416 Mt. Airy Rd. Balto.Mo			21237 to.Md.		
9	No	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig.										
	CERTIFICATION	19a DATE OF OPERATION	ON FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.	MONTH DA	Y YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		I. FACTORY OFFICE, FAI		21f LOCATION STREET	CITY OR TOWN COUNTY STAT			STATE		
		270.1 certify that (I) (this haspital) attended the deceased from March 10 , 19.86 , to March 14 19.86 , that I (we) lost saw the deceased alive on March 14 19.86 , and that in (we) (aur) apinion death accurred on the date and hour and from the causes stated above. (I we) (did) (a) — view the body after seath.										
		22b. SIGNATUR	uson M	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220. DATE SIGNED				SIGNED				
		D. L. SAN	dina C	1127								
7		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3-17-8	1	_	9000 Frank EMETERY OR CREMATORY of Faith	CITY OF TOWN	Baltin	nore, Ma			
	24 FUNERAL DIRECTOR HOLD SEFECT Rd 21236 LAD 2 REGISTRAR 25 SIGNATURE											



071138		FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 7 1 3 3					
y be age 3 death	(TYP	REGISTRAR CEASED NAME FOR PRINT; FELYN RELYN REGISTRAR FIRST FALLE FIRST	MIDDLE	Skinner	REG. NO. 20. DATE OF DEATH MONTH 3	7 86 13 27 RI		
4 may	3 SE		Caucasian	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
	W	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CO. MD.			
8	B	NDALLSTOWN	11. NAME OF HOSPITAL, NURSING A FROM IN SUCH FACILITY, GIVE STREET BALTO. Co.		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF RETIRED SOCI			
TANDER OF THE PROPERTY OF THE	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD BAL			13 STREET ADDRESS / ZIP CODE			
	160	WORTHINGTON WAS DECEASED EVER IN U.S. AF		JANET	SKINNER ADDRESS	ŁAST		
ALTIMO Te to the force of the condi-		No	235-36-	-5635 MR.STEVEN	R. SKINNER O	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IN. PRESTON 51., But the death certification by the attending physose remove carbonpo of cremotion, or remover or other traumottic event or other traumottic event.		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	ence of and or pre	m wir verten			
1. RECORDS, 20. 1. RECORDS, 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	CERTIFICATION	1 1	win Money	DEATH BUT NOT RELATED TO THE TERM SHUM DEPARTION WAS PERFORMED	200 AUTOPSY? 200. IF YES	Mellins . S, WERE FINDINGS USED FYING CAUSES OF DEATH?		
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low required physicion. After this certificate has been signs the buriol-transit permit. They have don'the mass the prior to the and Amental Hygiene prior to the add or them 18 they are prior in judged or them 18 they are principle.	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM IB P	COUNTY STATE		
ATTENDING P hospital or attect RECTOR. After the red for use as the ept of Health and em 21 is marked	W	saw the deceased alive ar above, (I) (we) (did) (did no	ital) attended the deceased fram	12-19.19.8	death accurred an the date and hav	19, that (1) (we) last		
TO HOSPITAL O reformed by the TO FUNERAL DISSOURCE Store De with the Store De IMPORTANT: If It		22d. PHYSICIAN'S NAME (TYPE	N. SHAM	22e ADDRESS \$50 Randal		21135		
BP	24 F	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR	MAR. 11,86 L		23d LOCATION CITY OF TOWN SYKESVILLE, TE REC'D. BY REGISTRAR 25b REGIST	COUNTY STATE MD RAR'S SIGNATURE		
(VRA 15, 4)	E	INE FUNERAL	HOME REISTE	RSTOWN, MD. MA	IR 1 0 1986 Miliand	Trindson-Randelle		

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MEST VIRGINIA DSA ACC

MUDALLETOWN FALTO. LO. SEN. MOSPI. LETTRED DOLAL ECURITY

PD. BALTO. CO. LATONEVILLE FERE CALYN WOAG 20228

DETHINGTON - HURST JAMET SKINDER

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ENGLAR STREET ARK STREET LLE 100. III

COLUMN TOWN TOWN NELSTERSTORM, NO. LANSING CONTRACTOR STORES

	1				OF MARYLAND			
0-00285	5 1	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 7	134
75.0		ECEASED NAME FIRST	MIDDLE	()	AST	les.	MONTH DAY YEA	120 1100K
poge 3		George	10	510	Der		56	2004 W
ge 4 mg ector. pr rrs ofter	3 S	MAIE	White	S. DATE O	P BIRTH	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS.
meral dir in 72 ho. af ance.	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIEL WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY O	COUNTY OF DEAT	Balto,
by the to	3 10	BALTO	11. NAME OF HOSPITAL	GIVE STREET ADDRESS	ROTHER INSTITUTION OSDITAL	120 USUAL OCCUPATION Ret Equip	F WORKING LIFE) INDUS	nd of Business or IRY hardt & Ma
24 hour	US 130	JAL RESIDENCE IF NURSING HOME O STATE 136 COU Maryland Bal		NCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET APPRESS / 6805 Golder	ZIP CODE n Ring Rd.	21237
mpletely and 2 sh	14.	ATHER'S NAME Willbur	MIDDLE S1	.yder	15 MOTHER'S MAIDENNA/ Virginia	WE	Thom	pson
be execut on ond co	160	WAS DECEASED EVER IN U.S. AL		ial security No. 09-6864A	IT INFORMANT Elsie K. Sly	ADDRE der 6805 Go		Rd. 21237
physicio npopers movol.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI	nly ane cause per fine far to ED BY: TE CAUSE (o)	2010 GEV	uc sto	OK	API RETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
deoth cer stending ove carbo itan, or re		Conditions, if any, which	DUE TO OR AS A CO	ONSEQUENCE OF	DIAL IN		4.	1230-
that the cose remains of, cremains or cother tru	k	gove rise to immediate cause a), stating the underlying couse last	DUE TO, OR AS A CO	ONSEQUENCE OF	FAILUP	2		
equires the signed to Then pleo rio buriol, injury, or c	NO	PART 2 OTHER SIGNIFICANT			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	t lia
The low ricion icion ite hos bee nsit permit. Igiene prio	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR	R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FIL IN CERTIFYING CAL YES	
irisician: The dring physicio is certificate b burial-tronsit Mental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	NTH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	7 2)
offendin offendin ter this cases the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE THE AT WORK	21e PLACE OF INJUR' (AT HOME STREET FACTOR		211 LOCATION STREET	CITY OR TO	wn COUNT	Y STATE
TTENDIN pitol or TTOR Af for use a of Health		270.1 certify that (1) (this hosp saw the deceased alive at above. (4) (we show it did no	7 1 1	19 86 an	d that in (my) (con) opinion (death accurred an the da	ite and hour and fram	, that (1) (we) lost the causes stated
AL OR A the hos AL DIREC AL DIREC orte Dept.		226. SIGNATURE	Meda		ATTENDING PHYSICIAN	MEDICAL STAF	F	ATE SIGNED
TO HOSPITAL TO FUNERAL should be determined with the State		Ruben S. Set	pastion, MD (668-2211)	27e ADDRESS 2314 E. Jop			
BP———	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3-14-86		d Cemetery	23d LOCATION CITY OF LOWER BELT	imore, county	Marylanä
DHMH - 16 60M 7/B4 (VRA 15, 4)	24	FUNERAL DIRECTOR NAME RSSAHN FUNCA	al Hame	1401 Bela BALTO M	MR Rd. 250 DAT	E REC'D. BY REGISTRAR	254 REGISTRAR'S SIG	-Andell

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Padonia Road, Timonium

Lawson, YOW.

(VRA 15, 4)

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4	U REGISTRAR					REG. N	10.		' 0 /
	. DECEASED NAME FIRST (TYPE OR PRINT)		NIDDLE		NST .	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
1	JOHI	N JOS	EPH	SMI	TH	March 27	, 19	86	5:45a _M
I	SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DATS	IF UNDER 24 HRS
ı	Male	Whi	te	Dec.		80	YRS	MONTHS	HOURS MIN.
Į.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
V	Maryland	U.S	.A.	DIVORCED	Baltimor	e Co	unty	MD.	
T	O CITY OR TOWN OF DEATH		OSPITAL, NURSING		R OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
A	Baltimore	8820 B	lairwood	d Ct.	Apt. A4	Salesper			. Store
ł		OUNTY	GIVE RESIDENCE BEFORE A		13d INSIDE CITY LIMITS?	136 STREET ADDRESS	/ ZIP COI	DE	
1		ltimore	Baltimo		YES NO X	8820 Bla	irwo	od Ct.	21236
1	4 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	ST.
4	John	W.	Smith		Nellie			Nott:	rey
T	60 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ESS	21236	A PURLLEY
1	No		187-10-3	3495	June R. Sm:	ith, 8820	Bla	irwood	Ct.
ľ	18 CAUSE OF DEATH Ente	er only one couse per	The for (a), (b) and	C)			1	BETWEEN	IMATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CA	USED BY:	ELIA DAMA		dirinana	st the	lun	1. 10	month
1	IMME	6		-		,	1		
П			AS A CONSEQUEN	NCE OF					
1	Conditions, if any, which (b)								
П	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
1	underlying cause last	((c)							
ı	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	NTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION G	IVEN IN PART I	5
	O Chron	- Ols	lectro	ON	Monday	Vusez	e		
	5 190 DATE OF OPERATION	19b. CONDI	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D			
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					YES NO X		YES [NO 🗌
	21a. ACCIDENT WAS UNDERLYING	LIOUD A	FINJURY M. MONTH DAY	VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INT	JRY IN ITEM TE	PART I OR PART 21	
	OR CONTRIBUTING CAUSE OF	PUEAIN		19					
I	OR CONTRIBUTING CAUSE OF	21e PLACE	DF INJURY 211 LOCATION				-		
ı	WHILE NOT WHILE D	(AT HOME STR	EET FACTORY OFFICE FAI	RAM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
ı	22a.l certify that (1) this h	aspital) attended the	decensed from	VAN	122 10 PK	10 MARC	4 2	20 86	that (I) we) lost
1	saw the deceased alive	7 - 37	/	P6 on	d that in (my) our) apinian a	leath occurred on the o	late and ha		
١	abave (1) (we) (did (did	d hat view the body	ofter death		DEGREE			22c DATE	11.1
I	We At -	mel	1	M	ATTENDING	MEDICAL STA	FF		
4	22d PHYSICIAN'S NAME IT	YPE OF PRINTS	ind,	60	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSI	CIAN	Mar.	27, 198
1	Walter A.		M D		6100 York	БД			
+	23a BURIAL, CREMATION, REMO			AME OF C	METERY OR CREMATORY	T23d LOCATION			
1	SPECIES Burial	Mar.31		Park		Baltimo	ro	COUNTY	Md.
	DULLAL		1.700		VULLI	DOLL CLINE			TILLA

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TROBERT CR. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214 MAR 3 1 1986

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR LIVPE OR PRINTS John Robert SMITH March 9, 1986 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Jan. 12 1907 Male White TO. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PA. USA WIDOWED Baltimore County DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Laborer-Beth. Steel Franklin Square Hospital INDUSTRY Rossville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Md. 134 INSIDE CITY LIMITS? Balto. Essex 8810 Golden Tree Lane 21221 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Adam Smith Anna unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) Helen Schmitt 8810 Golden Tree Lane 21221 213-07-1918 no 18 CAUSE OF DEATH Enter only one cause per line for iai, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Cardiovascular accident. Atrial fibrillation Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Diabetes Mellitus 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 70g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 71 ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC) STATE WHILE NOT WHILE 220 1 certify that (this hospital) attended the deceased from March to March 9

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

22d PHYSICIAN'S

226 SIGNATE

24. FUNERAL DIRECTOR

236 DATE 3/11/86

Jhm Son

saw the deceased alive on March 9 above, M (we) (did) (did po), view the body after death

THE OR PRINTS

73c NAME OF CEMETERY OR CREMATORY Gardens of Faith

DEGREE

77e ADDRESS

ATTENDING

9000 Franklin Square Drive, 21237

Rossville Balto Maryland

22¢ DATE SIGNED

3/9/86

1 . Navidnon-Randell

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Connelly Funeral Home 300 Mace Ave. 21221

.19_86_, and that in (n)@av) apinian death accurred on the date and havi and from the causes stated

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

00-00107	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0 7	1 3 9
be 3 eoth	1 DECEASED NAME (TYPE OR PRINT)	Carl	Jo	MIDDLE	Soder	gren	20 DATE OF DEATH		1am
ige 4 may be ector, page 3	Male Male		White		5. DATE O	est 30, 1903	6 AGE (IN YEARS LAST BI	PRIHDAY) IF UNDER 1 YE MONTHS DAY	
deoth. Pournerol din	Maryland		U.S		WIDOWE		Baltim	ore County	MD.
by the f	Pikesvil	le	(IF NOT INIS	15°South	Road	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Supervis	OF WORKING LIFE) BALL	OF BUSINESS OR Gas&Elect
IAND 21	USUAL RESIDENCE IF N 130. STATE Md.	13b COUN Balt	TY	ISI, CITY OR TOWN Pikesvil	N	YES NO A	13e STREET ADDRESS 415 Sout	/ ZIP CODE h Road 212	08
; MARYLAND uted within 24 completely fille Todd 2 should lexamines mu	Emil		AIDDLE H.	Sodergre		15. MOTHER'S MAIDEN NAM	MIDDLE	Ringbo	in st
sone be execu- core be execu- ysicion and coppers. Pages I vol.	(YES, NO OR UNKNOWN)		MED FORCES?	212-05-6		Grace Patton	P.O. Box Brooklandv		1022
ORDS, 201 W. PRESTON ST requires that the feet to the signed by the feet to the please or to burial, creation with a vinjury, or other troumatic every injury, or other troumatic every injury, or other troumatic every troum	Conditions, if o gove rise to i couse (o), ste underlying coi	mmediate ting the use last	DUE TO, CO	hy per	ENCE OF	NOT RELATED TO THE TERMI			
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir contending physician. After this certificate has been signs the buriol-tronsit permit. They have mental Hygiene prior to be noted or them 18 shows ony injury	MI QUE OF OPEN	ne		OF INJURY	OPERATIO	N WAS PERFORMED	YES NO NO	20b. IF YES, WERE FINING CAUS	SES OF DEATH?
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OSPITAL OR ATTENDI ed by the hospital or UNERAL DIRECTOR. A d be detoched for use he State Dept of Heal	27a I certify that saw the dece above. (1) (we 22b SIGNATURE	(I) (this hospital ased alive an action) (did not the control of t	on attended to Dec I view the bad	he deceased from y after death.	983, an	d that in (my) (pur) apinion d	DIRECTOR PHYSIC	ate and haur and from the 220. DA	TE SIGNED -7-1986
of of show with MPP	23a BURIAL, CREMATION		236 DATE	23c N		EMETERY OR CREMATORY n Cemetery	236 LOCATION	Balto M	
BP	Buria 24 FUNERAVDIRECTOR	lilian	0/1	wings Mil		25a DAJE		THE PROPERTY IN	A . 167 .

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	STATE OF MARYLAND	
0-00439	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.	1 4 0
112	1 DECEASED NAME PRIST E SPRINGER 20. DATE OF DEATH MONTH DAY YE SPRINGER	6 26. HOUR AM
And Control of the Annual Annu	FEMALE WHITE 2/10/99 87 YRS	DAYS HOURS MIN
0	76 BIRTHPLACE ISTATE OR FOREIGN TO COUNTRY? MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED REVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED REVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEAT MARRIED RALTIMORE CITY OR COUNTY OR COUNTY OF DEAT MARRIED RALTIMORE CITY OR COUNTY OR	MD.
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IAND 24 ithin 24 amford be	USUAL RESIDENCE (# NURSING HOME ON OTHER INSTITUTION, ONE RESIDENCE REFORE ADMISSION) 130 STATE 135 COUNTY 136 COUNTY 137 CALL TO WAY 137 NOTHER'S MAIDEN NAME 14 FATHER'S NAME	6 WN 36
E, MARY	CHARLES MODIE SWITZER FRISTATHERING MODIE SI	nist
TIMORI ian and c	NO (IF YES, GIVE WAR OR DATES) 220-46-0349 DONALD WILSON GLYNDON	
tDS, 201 W. PRESTON ST., B w requires that the death certif an signed by the attending phy hen please remove carbon paper to burial, cremation, or remony injury, or other traumatic et	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	MY I I (0)
TAL RECO	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE F IN CERTIFYING CA YES NO YES 216 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 1216 HOW INJURY OCCURRED IENTER NATURE OF INJURY IN 175M 18. PART I OR PA	INDINGS USED USES OF DEATH? NO
N Sicial III	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	(1 2)
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TO HOSPITAL ON retained by the hosp TO FUNERAL DIRE should be detached fourth the State Dept.	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR	-14.86
TO HOO retained TO FUN should be with the	23a BURIAL, CREMATION, REMOVAL 23B. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	on MU 21/36
BP	BURIAL 3/17/86 ALL SAINTS CEMETERY REISTERSTOWN B	STATE MD.
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR ELME FUNERAL HOME, REISTERSROWN, MD. MAR 1 7 1986 Lie Kriden	Randa R

EMALE RESTINE JUNALD ILSON GLYNDON D. 27077 interest Therenta leads - denter 36 derine

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SURIAL S/1//CO ALL DAILTS CENETERY MEISTERSTOWN. CALTO. ID. ELINE FUNERAL HOME, REISTERSTOWN, ID.

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Dundalk, Maryland

21222

(VRA 15, 4)

7922 Wise Avenue

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	r death. Page 4
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspatal or attending physician.
	F -

DHMH -

1	500		ATE OF MARYLAND	0 4 0 7	1 4 4
	FOR STATE REGISTRAR		F HEALTH AND MENTAL HYG TFICATE OF DEATH		
I D				REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
1 (14)	DAVID V	ANRENSSELAER STICK	CKLE	3 4	186 750 A
3 S	7//		E OF BIRTH		INDER I YEAR IF UNDER 24 HRS
1	M. K	1	DAY 1916	69 XXXXX YRS	IHS DAYS HOURS MIN
7a F	SIRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	
11	N.Y	U.S WIDO	WED DIVORCED	BALTO Cour	
10.0	TITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS O
() 7 MS	IN DESIDENCE HE MUSEUM HOME OF C	STELLA MA	RS 15	Wews Director	T.VWMA
	STATE, 136 COUNT	Y 13c CITY OR TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	: P121
14.1	Md BAL	to. TIMONIUM	15 MOTHER'S MAIDEN NA	2305 Wuther	Ng na
0	CHARLES WI	illard 5+10 81 13	Kathleen	MIDDLE	URight
/ 160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO	D. 17 INFORMANT	ADDRESS	,
	LAEZ NO ORTHNINOWN) (IE AEZ CINE	WIII 126-10-910	5 tella maris	Hospice 2300 Dula	ord 5
	18 CAUSE OF DEATH (Enter only	one couse per line far (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
15	PART I. DEATH WAS CAUSED	12/1/12/2	Mile		
		DUE TO, OR AS A CONSEQUENCE O			
	Canditians, if any, which gove rise to immediate	1 Severe A	rterioscle	rosis	
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O			
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 110
CATION					and the same
G A	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
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	OR CONTRIBUTING CAUSE OF DEAT	HOUR AM MONTH DAY YE	AR 9	LEGICA ANTONE OF HAJORI HALLEW IS LAND	TOREACT 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	TIE PLACE OF MILEY	211 LOCATION	CITY OF TOWN	COUNTY STATE
X	WHILE NOT WHILE AT WORK	TAT HOME STREET FACTORY OFFICE FARM, ETC.	STREET	CITY OR TOWN	COUNTY STATE
		al) attended the the eased fram	Arch 1419 83	to MArch 4, 19.	that (It (we) lo
	220.1 certify that (1) (this haspite				
	saw the deceased alive on_ above, (fr (we) (did) (did not)	2/14 19 86	, and that in (my) (aur) apinian	death accurred an the date and haur a	nd fram the causes stated
	saw the deceased alive on_	2/14 19 86	DEGREE		nd from the causes stated
	sow the deceased alive on obove; (I) (we) (did) (did not 12% SIGNATURE	view the body and death	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
	sow the decessed of we in above, (I) (we) (did) (did not) 226 SIGNATURE 226 PHYSICIAN 5 NAME	view the body and death.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
22-	sow the deceased drive on obove; (I) (we) (did) (did not 12h SIGNATURE 17d PHYSICIANS NAME on Eddie Nakht	view the body and death	DEGREE ATTENDING PHYSICIAN [270 ADDRESS 2300	MEDICAL STAFF DIRECTOR PHYSICIAN D	22¢ DATE SIGNED
230	tow the decented dive on above, (I) two ided ided not to signature 126 SIGNATURE 126 PHYSICIAN 5 NAME TO SECURE NAKE BURIAL, CREMATION, REMOVAL ISPECEN	resel) 236 DATE 236 NAME C	DEGREE ATTENDING PHYSICIAN [27e ADDRESS 2300 F CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN D Pulaney Valley Roa 23d. LOCATION CITY OF TOWN	ad 21204
24	BURIAL, CREMATION, REMOVAL ISPECIES COMMENTAL DIRECTOR	resel) 236 DATE 236 NAME C	DEGREE ATTENDING PHYSICIAN [270 ADDRESS 2300 F CEMETERY OR CREMATORY NMOUNT 250 DAT	Dulaney Valley Ro	ad 21204 OUNTY STATE Maryland

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BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR STATE REGISTRAR	DEPAR	RTMENT OF HE	OF MARYLA ALTH AND I CATE OF D	MENTAL HYG	IENE 8 6	Ω.	7 1	4 5
T DECEASED NAME	BABY GIRL	ST]	CKLEY		20 DATE OF DEATH	03 07	186	7:25A
FEMALE	4 RACE White	5. DATE OF	BIRTH DAY	YEAR 186	& AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN
Maryland OCUTY OF TOWN OF DEA	U.S.A.	MARRIED WIDOWED	DI DI	AARRIED A	9 BALTIMORE CITY O	RE COU	NTY.	
TOWSON	GREATER BALTII	MORE MEL			TYPE OF WORK FOR MOST O None			F BUSINESS O
Maryland	INGLES ME OR OTHER INSTITUTION GIVE RESIDENCE BEF 136 CITY OR TO Carroll Westmin	ster	13d INSIDE C		13. STREET ADDRESS 27 East N	/ ZIP CODE Main St		21157
FATHER'S NAME JEFF	SPENCER STIC			S MAIDEN NAA CONNIE	AE FRAN	NCES	НОЙ	EYCUTT
16g/WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) None		Jeffer		tickley,		inster	, Md.
PART I. DEATH W.	H (Enter only one couse per line for (o), (b), (AS CAUSED BY: IMMEDIATE CAUSE (o) CARD I.	AC ARRES	ST				BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if any,		RE IMMA	TURITY					
gove rise to imm couse (a), stating underlying couse	g the DUE TO, OR AS A CONSEC	QUENCE OF						
PART 2 OTHER SIGN	nificant conditions <u>contributing t</u>	O DEATH BUT N	OT RELATED	TO THE TERM	nal disease or con	DITION GIVEN	IN PART II	
190 DATE OF OPERAT	TION 196 CONDITION FOR WHIC	CH OPERATION	WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	
OR CONTRIBUTING C	CAUSE OF DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM TO PART	1 OR PART 2)	
21d INJURY OCCURR	LAT HOME STREET EACTORY OFFIC		21f LOCATIO		CITY OR TO	WN	COUNTY	STATE

AT WORK 86 220 1 certify that (1) (this hospital) attended the deceased from 1986 1986 above, It level did (did not view the body ofter death. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22b SIGNAT DEGREE 22c. DATE/SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

VIRMA TORRES, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Burial

GBMC 6701 N. CHARLES STREET 21204

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN Indian Mound Cemetery

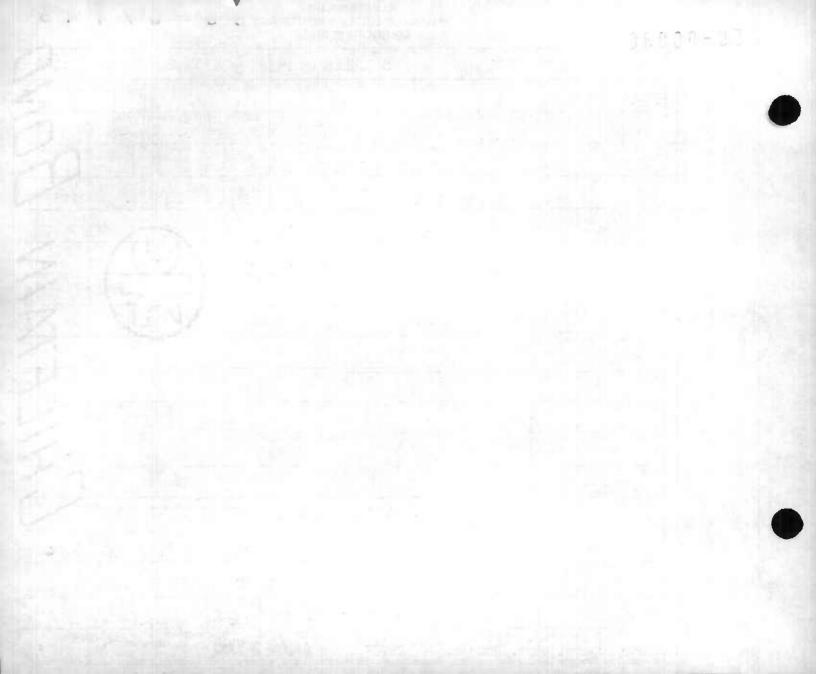
24 FUNERAL DIRECTOR Shaffer Funeral Home, Romney, WV 26757

3/9/86

Romney Hampshire 250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIANALISE

STATE

WV



Codge Apts. Warren Rd.

	FOR STATE REGISTRAR
065036	1. DECEASED NAME
600	1. 5EX
n ado	Male
135	Maryla
1 11 17	A. CITY OR TOWN O
1 21	Rossvill
B 5 00 00 00	USUAL RESIDENCE (

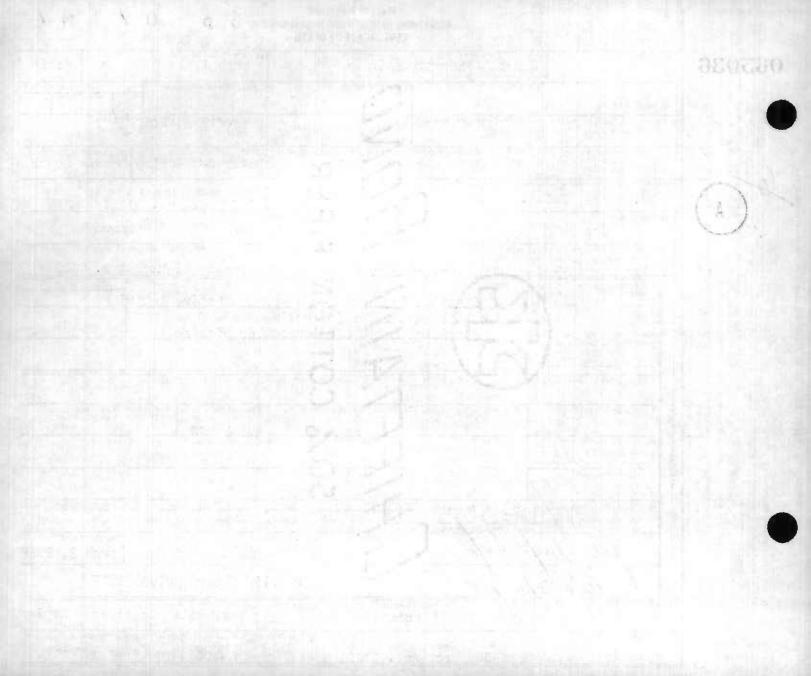
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

-				REG. NO.						
	1. DECEASED NAME Paul	James Stras	szynski	March 1, 1986	DAY YEAR 25 HOUR 4:45p					
	Male	4. RACE White	Jan. 17 1897	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
2	AL BRITHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNT USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Day Crimore de	NTY OF DEATH UNITY					
1	Rossville	Franklin Squ		Received Security Domono Sugar						
2	L RESIDENCE (IF NURSING HOME OF 13b, COL Bal		TOWN 13d. INSIDE CITY LIMITS? YES	13e.STREET ADDRESS / ZIP CO 205 Mace Ave.						
3	Joseph	Straszýn		entina MIDDLE	unknown					
ij	16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) { (IF YES, G	RMED FORCES? 16b SOCIAL S	SECURITY NO 17 INFORMANT	ADDRESS						
А	Yes WW	1 218-1	0-5650 Dorothy St	raszynski 205 Ma	APPROXIMATE INTERVAL					
		(c) Arterio DUE TO, OR AS A CONSE (c) Histor CONDITIONS CONTRIBUTING	Myocandial Infarction sclerotic Cardiovaso sclerotic Cardiovaso source of y Of Alcoholism to Death BUT NOT RELATED TO THE TER	minal disease or condition						
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198. CONDITION FOR WE		YES NOW IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO					
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	EATH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?} COUNTY STATE					
	saw the deceased alive o above, (1) (we) (dip) (did n	270.1 certify that (1) (this has state attended the deceased from ebruary 26, 19.86, to March 1, 19.86, that (1) (we) last saw the deceased alive on March 1, 19.86, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above, (1) (ye) (dip) (gld not) view the body after death.								
	THE SIGNATUSE WI	If feel	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	March 1, 1986					
	MA PHYSICIAN'S NAME (TYPE	Kugho		klin Square Driv	e 21237					
	Burial CHEMATION, REMOVA	236. DATE 23/5/86	236 NAME OF CEMETERY OR CREMATORY Gardens of Faith	Rossville E	Baltimore Maryland					

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Connelly Funeral Home 300 Mace Ave. 21221 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR rulia Daydoon- Mandalles



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

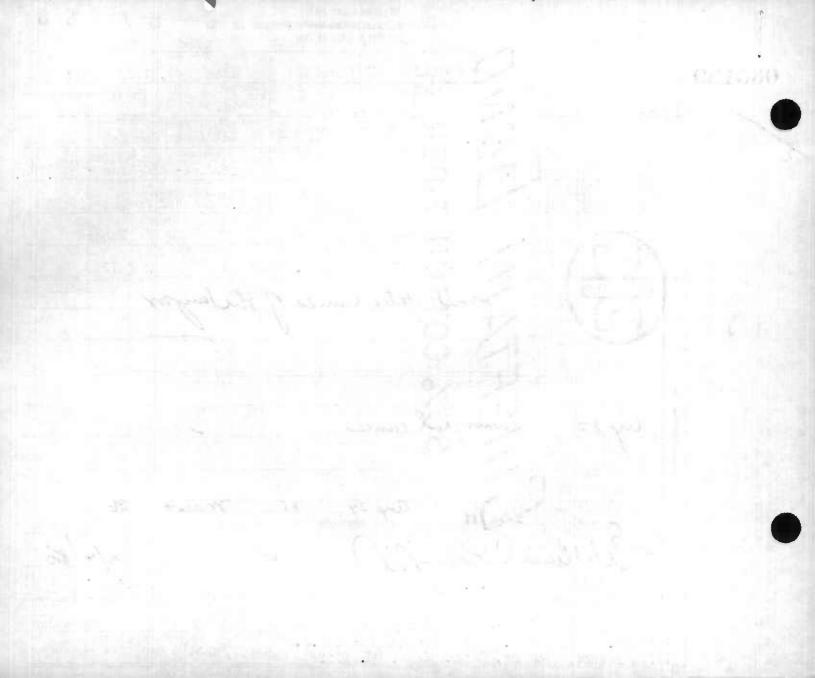
CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VRA 15, 4)



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STATE OF MARYLAND

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C training Some to State Harris may 10 1886

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SWENSEN

MARRIED NEVERMARRIED

DIVORCED X

5 DATE OF BIRTH

NOV.

WIDOWED

REG. NO

20 DATE OF DEATH MONTH 2b. HOUR MARCH 11 1.986 3:05P 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY. 126 KIND OF BUSINESS OR INDUSTRY PROFESSOR EDUCATION

208 MARYLAND AVENUE 21204

STELLA MARIS HOSPICE

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d INSIDE CITY LIMITS?

WHITE

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

4. RACE

JOHN

LARRY

15 MOTHER'S MAIDEN NAME SWENSEN 166 SOCIAL SECURITY NO.

CORA 17 INFORMANT

13e.STREET ADDRESS / ZIP CODE

MIDDLE

21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

54-50-0416 ALVIE L. HASTE TOWSON, MD 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY Respiratory

IMMEDIATE CAUSE TO DUE TO, OR AS A CONSEQUENCE OF

Carcinom

200 AUTOPSY?

underlying couse lost.

melastalle

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

96 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

NO I

STATE

21e PLACE OF INJURY I AT HOME STREET, FACTORY OFFICE FARM ETC)

December

CITY OF TOWN

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

NOV

COUNTY

21204

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

DEGREE 22e ADDRESS

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

BALTIMORE

March

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

MAYER GORBATY, M.D. 230 BURIAL, CREMATION, REMOVAL 23h DATE

660 KENILWORTH 23c NAME OF CEMETERY OR CREMATORY GREEN MOUNT

MEDICAL

COUNTY STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

CREMATION

JOHNSON8521 LOCH RAVEN BLD.

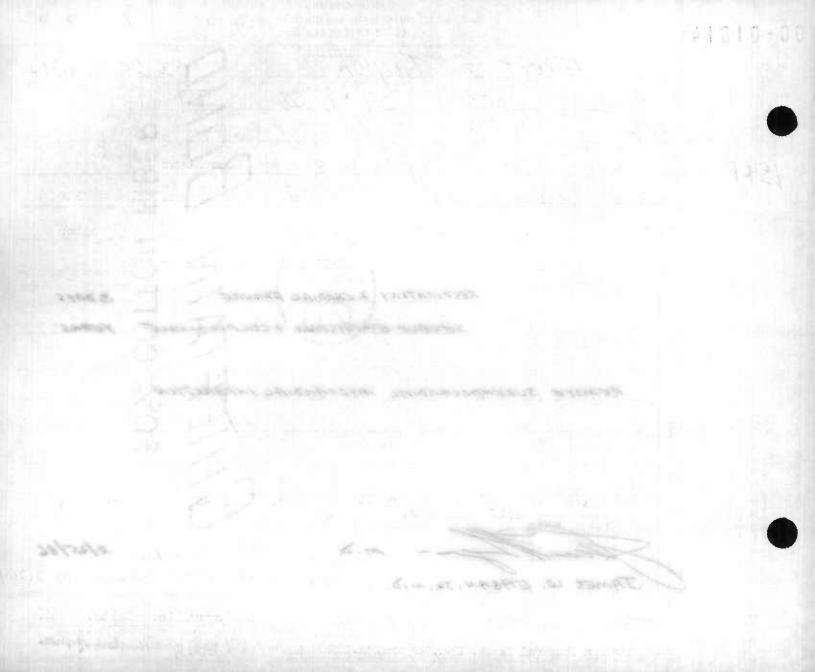
CEMETERY

Manufacture and the same of

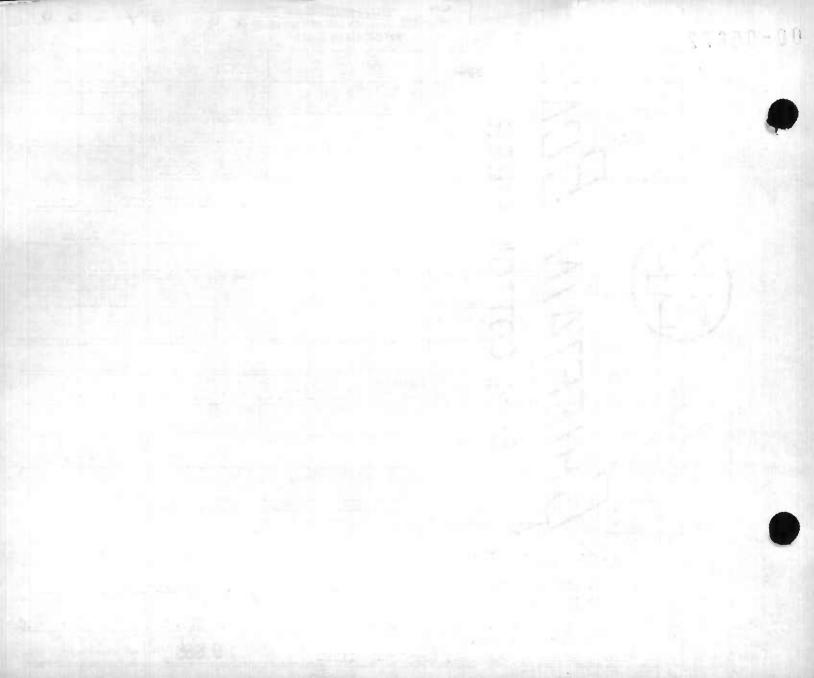
-00785	1.	FOR 4/10/86 Y STATE REGISTRAR	ja	DEPARTA	CERTIF	EALTH AND ME	NTAL HYG	REG. NO.	, , ,
P		CEASED NAME FIRST		WIDDIE	L	AST		20 DATE OF DEATH MONTH D	AY YEAR 26. HOUR
å 10 d	(I YPI	OR PRINT)	NHO	L.	SW	OPE.	JR.	March 17, 198	36 678
Do d	1: SE		4 RACE		5 DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR FUNDER 24 HR
t all		Male	Wi	nite	Apri	1 6, 19	O ^{YEAR}	81 YRS	ONTHS DAYS HOURS MIR
2 62 54		RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	WHAT COUNTRY?	MARRIE	NEVER MA	RRIED 🗆	9 BALTIMORE CITY OR COUNTY	
to the Do	1	MD		USA	WIDOWE	DNO	RCED [Baltimore Co	
156	10 €	Towson	(IF NOT IN SI	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET P Balto.	ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) President	126, KIND OF BUSINESS OF INDUSTRY Brick Mfg
111 85	1.la. :	AL RESIDENCE (IF NURSING HOND	AE OR OTHER INSTITUTIO OUNTY	N. GIVE RESIDENCE BEFORE 136. CITY OR TOW Balto.		13d. INSIDE CITY	LIMITS?	13e.STREET ADDRESS / ZIP CODE 4300 N. Charle	Apt. 10A es St., 2121
1	14. E	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S M		ME	
13700		John	L.	Swope,	Sr.	Εö	lith	B.	Coale
11 10		VAS DECEASED EVER IN U.S	. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	Т	ADDRESS	
11 16		No	S. ONE WAR OR DATEST	215 01	9044	Willia	m Sw	vope, Towson,	MD 21204
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18. CAUSE OF DEATH (Ente	er anly one cause p				10-	.)	BETWEEN ONSET AND DEAT
Add to the		PART I. DEATH WAS CA	.USED BY: DIATE CAUSE (a)_	INT	AZTA1	3LL P	MYOT	Rusian	H00.25
of the carties	1		DUE TO,	OR AS A CONSEQUE	NCE QF		٥		1.00
1000		Conditions, if any, which	((b)_	OR AS A CONSEQUE	20 IN	estinar	130	6hD1N6-	Hours
al, cremo		gave rise to immediate cause (a), stating the underlying cause last		OR AS A CONSEQUE	NCE OF	SCATIL	SE	Psis	4 DMS
Then pilt chis burst injury, o	NO.	PART 2 OTHER SIGNIFICA	PENNE		LURE		O THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 110
Post of the control o	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORA	AED		WERE FINDINGS USED ING CAUSES OF DEATH?
6 18 st	183	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c HOW INJU	JRY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM TS PA	RT (OR PART 2)
S WE A	MEDICAL	21d INJURY OCCURRED	21e PLAC	E OF INJURY		211 LOCATION	1	CITY OF LOWN	COUNTY STATE
1111	2	NOT WHILE	(AT HOME S	STREET, FACTORY, OFFICE, F	ARM, EIC)	PINEEL		CIII OK IOWN	STATE
TOR, Ah for use or of Health 21 is mor		22a.1 certify that (I) (this because alive above, (I) (and (did))	e on MAC	LH 17 19 8	1	GOST (my) (=	198	death accurred on the date and haur	9 06 , that (I) (ve) lo
Mer and Mer	1	22h SIGNATURE	04	7		DEGREE			22c DATE SIGNED
2 2 2 2 2	1	H	m X n	2		D ATT	ENDING TYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-18.86
2383T	1	224 PHYSICIAN'S NAME (1	YPE OR PRINT)			22e ADDRESS	-	, , , , , , , , , , , , , , , , , , , ,	
PORT.		Dr. John G	. Lavin	, MD		6805	York	Road, Balto.,	MD
5413	23a	BURIAL, CREMATION, REMO			NAME OF C	EMETERY OR CRI		23d. LOCATION	
		Burial	3/			dge. T.3		Garrison For	est, MD
- 16 50M 4/83	24 F	UNERAL DIRECTOR HOL	nry W	Jenkins8		~-	25a DAT	E REC'D. BY REGISTRAR 256. REGISTR	
15, 4)	1 4	1905 York Ro					N	IAR 1 9 1988	Sevidson Bandalle
	1								

POST TERMINATION . L. C. VIII. TO STATE White the State of drund by MMCZ -Administration of the line . I will be a made of the second of the seco e g. a section Y was a converse .come numbers. . .com

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01611	1.	FOR STATE		DE		EALTH AND MENTAL HY		0.7	1 3 3
01014		REGISTRAR					REG. N		
A ne		CEASED NAME	ALBERT	L MIDDIG.	1	TAYLOR	20. DATE OF DEATH	MONTH DAY	YEAR 25 HOUR
1 55			HIDER	T G.	1au	10h	1	03 24	5 86 2:39
1 1	3 SE	X	4 RAC	.6	S. DATE C	F BIRTH	6 AGE (IN YEARS LAST BE	ITHDAY) IF G	NDER 1 YEAR IF UNDER 24 HI
a special		Maje		Unite	INTIT? 8	7 30 88	75	YRS. MON	INS DATS HOURS ME
i ii X	В	PA ISTATEO	R FOREIGN TO T	(5A	MARRIE	NEVER MARRIED DIVORCED	Ba H	COUNTY OF	1,
100	10 C	TY OR TOWN OF DE				OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. K ND OF BUSINESS
40 30 X		DWSDn		NOT IN SUCH FACHETY, GIV	STREET ADDRESSI	- HOSP.	Account		INDUSTRY
ZYY	49'SU	AL RESIDENCE (IF NU	PSING HOME OR OTHER I	NSTITUTION GIVE RESIDENT	CE BEFOR ADMISSION)	- 10000			
1 113000	30. 5	STATE	13P COUNTA	13c CITY C	DR TOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS		21204
1 1 10		ryland	Baltimor	e Tow	son	YES NO X		ate Ct.	21204
1 10 10	10.17	ATHER'S NAME	MIDDLE	L	AST	15 MOTHER'S MAIDEN NA	WIDDLE		LAST
1 110130	Is	aiah	H.	Tay	lor	Florence			Dalton
2 2 2		VAS DECEASED EVE			AL SECURITY NO.	17 INFORMANT	ADDR	ESS	
1 10 1	Ye	YES NO OR UNKNOWN)	(IF YES, GIVE WAR O		01-9119A	Lillian Way	ylor - Same	ac #136	
1 86 2	Ye		I WW II			L LITTIAN IA	YIOI - Same	as #IJE	
S PORT		PART 1. DEATH	TH Enter anly ane WAS CAUSED BY:	cause per line for (a),					APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
1 0000		12 2 P.	IMMEDIATE CAL	SE (a) KESP	IRATORY	+ CARDIAL F.	AILURE		SDAYS
2 650 8		-99	D	UE TO, OR AS A COM	NSEQUENCE OF			1.00	
1 4 1 5 5		Canditians, if an	y, which	in se	VENE E	MPHYSOMA +	compulmen	TACES	YEARS
2 2 2 2 2		gave rise to in	mediate			47.00		2	70.,2
2 525 4		cause (a), state		UE TO, OR AS A CON	4SEQUENCE OF			143	
t please t				(c)					
1000	Z	PART 2 OTHER SIC	SNIFICANT CONDI	TIONS CONTRIBUTIN	NG TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN	N PART 110
# 6464	9					myocandia	LINFARCT.	100	
1 11161	2	198 DATE OF OPER	ATION 19	6 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED
95 282 1	=	REAL PLAN					YES TO NOT	YES T	G CAUSES OF DEATH?
7 8 8 8 6 1	CERTIFICATION	210. ACCIDENT WAS U	NDERLYING 21	b. TIME OF INJURY		21c. HOW INJURY OCCUP	4		
34 955 70		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONT	TH DAY YEAR		1		
	2	(IF EITHER NOTIFY MEI		P.M.	19				
X 8 8 8 8 8 8		216 INJURY OCCU	111	e PLACE OF INJURY		21E LOCATION STREET	CITY OR TO)WN	COUNTY STATE
this cert d Merch d or Per	- A								
otherwing the burid tond Mem	MEDICAL	NOT V	ORK ORK						
DING PHYSIC or otherding After this cent is on the bursal mish and Mem	WED		ORK ORK		fram 3-	22 10 8/		10	86 that Nulsual
PADING PHYSIC not or attending OR. After this cer- cuise as the bursial Health and Mem.	WED	220.1 certify that !	ORK (this haspital) att	tended the deceased	1 fram 3-				
ATEXPLOS PHYSIC orginal or attending ECTOR. After this cert discuss the burial for its the female and the first marked or the ST is marked or the statement of the s	MED	220.1 certify that t saw the decea above, Nr (we)	ORK (this haspital) att		19 <u></u> 36a	id that in (100) (aur) apinian			d from the couses stated
Ox ATENDING PHYSIC a hospital or attending DRECTOR After the certified Societies at the Surial Dept. of Health and Merit Item 21 is marked or find	WED	220.1 certify that !	ORK (this haspital) att	tended the deceased	19 <u></u> 36a	d that in (1/4) (aur) apinian	death accurred on the d	ate and haus an	
ALOR ATTENDING PHYSIC The hospital or otherwise ALDIRECTOR After the certainted for use as the burious Dept. of Health and Merch 1. If them 21 is marked or then	MED	220.1 certify that t saw the decea above, Nr (we)	ORK (this haspital) att	tended the deceased	19 <u>36</u> , or	DEGREE	death occurred on the d	ate and haus an	d from the causes stated
PITAL OR ATTENDING PHYSIC by the hospital or otherwise distance of detailed for use or the burial store Dept. of Health and Ment.	/ WED	220.1 certify that t saw the decea above, Nr (we)	(this haspital) attacked alive on (did) (diff) (alivew	tended the deceased B.1.2.5 The body after death	19 <u>36</u> , or	d that in (TV) (our) apinion DEGREE ATTENDING PHYSICIAN [death accurred on the d	FF	d from the couses stated 22c. DATE SIGNED 2/25-/86
HOSPITAL OR ATTENDING PHYSIC and by the hospital or otherwing FUNERAL DRECTOR After the certild for use on the buried the Store Dept. of Health and Ment. ORTANT. If them \$1 is marked or then ORTANT.	/ WED	220.1 certify that it saw the decea above, Nr (we)	(this haspital) attased alive an Idia) (d. 1) yal mew	tended the deceased 3.12.5 the body after death	19 <u>36</u> a	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the d	FF	d from the couses stated 22c. DATE SIGNED 2/25/86
O HOSPITAL OR ATTENDING PHYSIC trained by the hospital or attending TO FUNERAL DIRECTOR. After this certaint the Store Dept. of Health and Merch the Store Dept. of Health and Merch MPORTANT. If them \$1 is marked or then		270. I certify that it saw the decea above, Nr (we) in SURATURE	(this haspital) at sed alive an (did) (d/1) (at the w	tended the deceased B.1.2.5 The body after death	19.36 o	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 1620	death accurred on the d	FF	d from the couses stated 22c DATE SIGNED 2/25/86
TO HOSPITAL OR ATTENDING PHYSIC retained by the hospital or attending TO FUNERAL DIRECTOR. After this certained for defaulted for use at the burid with the Store Dept. of Health and Ment. IMPROSTANT. If them \$1 is marked or then	23a E	220. I certify that it saw the decea above, Ni (we) The SIGNATURE THE PHYSICIAN'S IN THE SIGNATURE SURIAL, CREMATION	(this haspital) at sed alive an (did) (d/1) (at the w	tended the deceased 3.12.5 the body after death	19.36 o	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the d	FF	d from the couses stated 222 DATE SIGNED 3/25/86 SON MD 2
TO HOSPITAL OR ATTENDING PHYSIC Internet by the heapted or otherwing hospital physician and the body with the Store Dept. of Health and Merit WADRIANT. It from \$3 is marked or the Ten	23a E	220. I certify that it saw the decea above, NJ (we) The SIGNATURE THE PUBLICIAN'S NOTICE SURIAL, CREMATION SPECIFY)	(did) (d/1) a the way of the last of the l	tended the deceased 31.25 the body after death	19 36 or	DEGREE ATTENDING PHYSICIAN 22e ADDRESS TO 20 EMETERY OR CREMATORY	death accurred on the d MEDICAL STA DIRECTOR PHYSIC	FF CIAN D	d from the causes stated
01 0213	23a E	220. I certify that it saw the decea above, Ni (we) The SIGNATURE THE PHYSICIAN'S IN THE SIGNATURE SURIAL, CREMATION	(did) (d/1) a the way of the last of the l	tended the deceased 1.25 the body after death	19 36 or	DEGREE ATTENDING PHYSICIAN 22e ADDRESS AMETERY OR CREMATORY Valley	death accurred on the d MEDICAL STA DIRECTOR PHYSIC / ORK POAL 23d. LOCATION COTY OF TOWN COCKEYSVI TE REC'D. BY REGISTRAR	FF CIAN DO TOW S	d from the couses stated 221 DATE SIGNED 2/25/86 SON MD 2 DUNITY alto. Md.



-00672	1.	FOR STATE REGISTRAR	215	5 07 155		RTMENT OF	E OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH		0 7	1 5	6
1		CEASED NAME	FIRST		WIDDIE		LAST	REG.		YEAR 7h	HOUR
3 温分	(TYP	CI	HARLES	5	C.	T	AYLOR	MARCH :	L8 1986		A
9	3 SE	X		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST E	IRTHDAY) IF UN	NDER I YEAR IF L	UNDER 24 HRS.
966 S		MALE		WHTTE		OCTO	BER 20 1905	80	YRS		MIN.
deoth. y		RTHPLACE (STATE OR I	OREIGN	U.S.A.	WHAT COUNTR	MARRII	D NEVER MARRIED	BALTIMORE CITY		DEATH	
to dec		rginia	TH	11. NAME OF	HOSPITAL, NUR		DIVORCED OR OTHER INSTITUTION	120 USUAL OCCUPA		26. KIND OF BU	ISINESS OR
s ofte	1	FORT HOWARI		VA MET	DICAL CE	NIER		STEEL WOR	OF WORKING LIFE)	NDUSTRY	,511 1255 OK
filled in fould be	13a.	AL RESIDENCE (IF NURS STATE MARYLAND	136 COUN	OTHER INSTITUTION. ITY LMORE	GIVE RESIDENCE BEI	NWC	13d INSIDE CITY LIMITS	5? 13e STREET ADDRESS 6775 WOOD) 2	21222
ed within		ATHER'S NAME FIRST		MIDDLE	TAYLO)R	IS MOTHER'S MAIDEN MARY LO	AMDDIE		last Jone	es
d comp		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDI	RESS		
Poge exe		ÆS		ETIME	215 07	1551	CLINICAL RI	ECORDS, VAMC,	FORT HO	WARD, I	MD
low requires that the death is been signed by the attendemnt. Then please remove a prior to burial, cremation, is any injury, or other trauming.	CERTIFICATION	Conditions, if ony, gave rise to imm cause (a), statin underlying couse PART 2 OTHER SIGN OLS CVA, S. 19a DATE OF OPERAL	ediate g the last	DUE TO, OI	CUMONECT	O DEATH BU		ERMINAL DISEASE OR COL	ASHD, A		USED
The rection sit p show	RTIE	21a. ACCIDENT WAS UND	TAINING T	1 216 TIME O	5 hours		Tata Montal Market	YES NO X	YES [) N	0 🗆
ryStCIAN: ding physis s certificat burial-tran Mental Hy, rr frem 18 s		OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	ZIC HOW INJURY OCC	CURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I	OR PART 2)	
ING PHYS	MEDICAL	216 INJURY OCCURE		21e PLACE (OF INJURY SEET, FACTORY OFFICE	E FARM ETC }	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
NATIEND o hospital o hospital o liRECTOR. / hed for use ept. of Hen 21 is m		220.1 certify that (1) sow the decease above (1.5	(this haspit	MARCH	18 19	86 o	nd that in (my) (aur) apin DEGREE	B5, to MARCH_ sion death accurred on the c		86. that I from the cause 22c DATE SIGN	es stated
7 - 7 - 0 -		Jet	رك	Jewo	u		ATTENDING PHYSICIAN	G MEDICAL STA		3-18-86	5
CO HOSPITAL etpined by the TO FUNERAL should be detromined the State with the State IMPORTANT:		PETER V.	JUVAN				VA MEDICAL	CENTER, FORI	HOWARD,	MD 21	1052
	- 1	URIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREMATO	RY 236 LOCATION	col	UNTY	STATE
BP	Bu	rial	1	3/21/		Cedar I		Glen Bu	rnie	Ma	ryland
DHMH - 16 60M 7/84 (VRA 15, 4)		DNERAL DIRECTOR D			ADDRES:		21222	MAR 1 9 198		SSIGNATURE	Andres



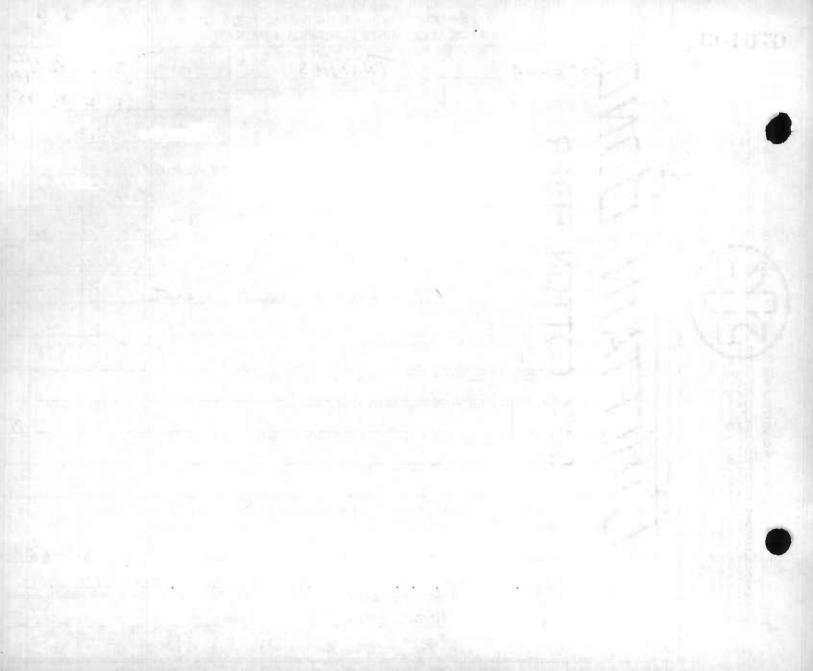
BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

	FOR 12- STATE	DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG	IENE 8 6	0 7	15/
1	REGISTRAR			ICATE OF DEATH	REG. NO		
	DECEASED NAME FIRST (TYPE OR PRINT) Milla	MIDDLE		CVC	20. DATE OF DEATH		
-		14 RACE	-	FKE	March 5, 1		3:00
3	Male	White	5 DATE (48		YEAR IF UNDER 21 HR
4	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D A NEVER MARRIED	Baltimore city o	R COUNTY OF DEAT	Н
7	CITY OR TOWN OF DEATH ROSSVILLE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Franklin Square	ADDRESS)		12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF Mechanic	F WORKING LIFE) INDUS	ND OF BUSINESS O
	USUAL RESIDENCE HE NURSING HOME OF 130 STATE 136 COU Maryland Bal	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSIONI		130 STREET ADDRESS / 31 B Oak G	ZIP CODE	21220
30	4 FATHER'S NAME FIRST John	MIDDLE CAST Tefke		15 MOTHER'S MAIDEN NAM FIRST Margare	MIDDLE		acker
7 1	60 WAS DECEASED EVER IN U.S. A.	B/E W/AD COD DATES		17 INFORMANT	ADDRE		01.000
	No	218–32		Geneva E. Te	rke or oak		PROXIMATE INTERVAL
	PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	DITION GIVEN IN PAI 20b. IF YES, WERE FI IN CERTIFYING CAI	NDINGS USED USES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR		YES T	NO [
1	IIF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	FARM ETC)	21f. LOCATION STREET	CITY OR TOV	wn COUNT	Y STATE
	sow the deceased alive a	oital) attended the deceased from $3/5$	3/5 36	nd that in (my) (aur) apinian o	, to <u>3/5</u> death accurred an the da	19 86 ite and have and from	that (I) (we) lo
	THIS CONTINUE CO	and			MEDICAL STAF	F	3/1/46
1	Jeffrey Qu	Jartner, M.D.		2724 N. Char	les Street,	Balto., 2	1218
	30 BURIAL, CREMATION, REMOVA SPECIFY Burial	3-8-86 B	elair	emetery or crematory Memorial Gard		ord County	
B4	4 FUNERAL DIRECTOR	11750 Be Inter	e rel		REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	

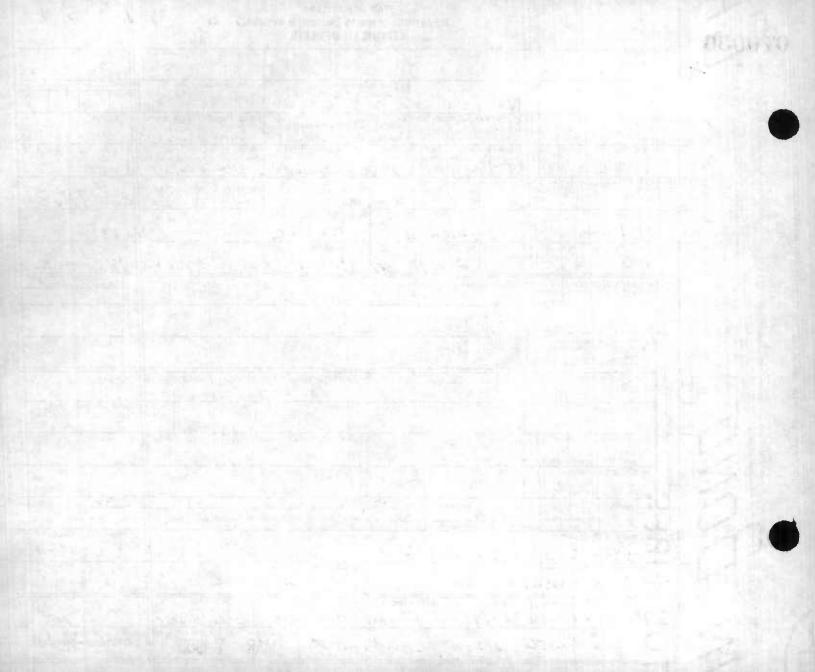
DEPARTMENT OF HEALTH AND MENTAL HYGIENE O FOR - STATE 070103 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF DEATH MATED 6 AGE (IN YEARS IF UNDER 24 HRS 2c. DATE DAY YEAR LAST BIRTHDAY) HOURS PRONOUNCED DEAD black Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Wemployed NE COUNTY FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Iteven homas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A E OF HEALTH A CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIN YES [71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21f LOCATION 214 INJURY OCCURRED AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion FUNERAL DIRECT
FIER DEATH, WITH T death resulted from: Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER TO MED EXECUT PAGE 4 TO FUN AFTER D BALTIW EXAMINER'S NAME ADDRES 1116 Gumbottom Rd. Crownsville 21032 James E. Wh eeler. M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE, 07/B4 BP 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



(VRA 15, 4)

7003	36	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	EALTH AND M	ENTAL HYGI	ENE 8 6	0	7	5 Y
1000			EASED NAME FIRST	MIDDLE		AST	30 - 33 -	20. DATE OF DEATH	MONTH	DAY YEA	R 26 HOUR
9 P P P P P P P P P P P P P P P P P P P	10	(TYPE	ORPRINT) SQUAN		Thom	OSON	10.0		3	4 8	6 1240 A
bage page	V	3 SEX		4 RACE	S. DATE (6. AGE (IN YEARS LAST BIR		IF UNDER 13	11/
4 g		3 367	C 1	Alaca	MONT	H DAY	YEAR	11			AYS HOURS MIN.
age rect	1		TEMAIL	Wegro	10	31	14		YRS		
P - P	6//		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY?	D NEVER MA	ARRIED -	9. BALTIMORE CITY	R COUNT	Y OF DEAT	Н
nero nero	20	100	orth Carolina	United States	WIDOWI		ORCED	Kaltimore	Count	17	IM.
D 24	271	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTIT	TUTION	120 USUAL OCCUPAT			D OF BUSINESS OF
offe by th	90	9	Towson	STOLA MAN	11 1-	10 Dulm	1/A2 / 1/9	House an	Le)	IFE) INDUS	TRY
in de	137		AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)					- 4	£ 2/2/2
24 h	36		M d. Pan COU		TOWN	13d INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS		1 -	2/1/6
2 (c)	7	IA EA	THER'S NAME	1211	010	15. MOTHER'S			LITE	NW 00	od AVE
With Wind	52/		FIRS	MIDDLE IAST		- (5)	IRST	MIDDLE	.,	1115	LAST
d d d		1	Millim	CHRR		Ne	1115			+111	.,,
o o	3/1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL:	SECURITY NO.	17 INFORMAN	IT)	ADDR	. /		
9 00	and the same		ES NO ORUNKNOWN) I IF YES G	216.	-28-940	CAIN	in Le	W.5 290) L V	ndhu	RST AK
te b	- £		18 CAUSE OF DEATH (Enter of	inly one couse per line for (a), (b	ond Icili					API BETW	PROXIMATE INTERVAL
fica	ent		PART I. DEATH WAS CAUS	ED BY.	3 145 CU	ar dise	ase.				
ng ng	9 6		IMMEDIA			di accas					
ath ath	mat a	17.		DUE TO, OR AS A CONS	EQUENCE OF						
de de	atian		Conditions, if any, which	(b)							
the the	E e	1	cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF						
that d by	or oth	100	underlying couse last	(c)							
gned a	o bury,	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED T	TO THE TERMIN	NAL DISEASE OR CON	DITIONG	VEN IN PAR	l lio
equ The	r ta inju	CERTIFICATION									
3 0	prio	S	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?			NDINGS USED USES OF DEATH?
has has	o we	E E	Section 19 Section					YES NO		ES 🗍	NO []
A: Th	Hyg 8 she	2	210. ACCIDENT WAS UNDERLYING		700	21¢ HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PAR	T 2)
Phy Phy	T E		OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR	1					
SIC	Ven	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION	N				
PH this	pu d	ME		(AT HOME STREET FACTORY OF	FICE FARM ETC)	STREET		CITY OR TO	WN	COUNT	Y STATE
No to Paris	th a	190	AT WORK AT WORK								
N N	deal seal	194		oital) attended the deceased fr	01-		19 85	to	4	19 84	. mot (ii) (we) ios
ppito CTC	2 4	133	saw the deceased plive a above, (1) (we) (did) (did n	ot) view the body ofter death.	19_86_0	nd that in (my) (our) opinion di	eath accurred on the d	ate and ha	ur and from	the couses stated
PRE IRE	Hem Hem	150	226. SIGNATURE	\bigcap Λ	00	DEGREE				22c. D	ATE SIGNED
the the	1 2 2 E	. 5-1	CVC 19U	llener 1	YU		TENDING HYSICIAN	MEDICAL STA	FF CIAN IV	3	14/86
by by	S S Z	-3	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS					
HOSPI	ORT		K.R. Faul	Kner		< k	- 11a Y	Maris			
etained TO FUN	with the State	-			22	2/	Ca 18 1	Test too triots			
	(-	23a. E	SPECTO WELL A	1 23b. DATE	LIST NAME OF	EMETERY OR CE		23d LOCATION		COUNTY	STATE
BP		-		3/7/86	Walt	2 4111	cem	1 GLEN BUR			MD
DHMH - 16 50	NA 4/83	24. FI	NAME WM. E. B.	tta 1136 m. ADDR	ESS	of	250. DATE	REC'D. BY REGISTRAR		TRARIS SIG	



	1.	FOR		DEF	STA PARTMENT OF	TE OF MAR'		YGJËNE (5)	07	16	Ü
00-01436	11-	STATE REGISTRAR		MEDIC	CALEXAMIN				REG. NO.		,
TERES S		CEASED NAME PE OR PRINTS	GEOF		A.	THURS		20 DATE KN OF DEATH M	NOWN MONTH	12/1986	26 HOUR
N STATE	3. SE	M 4 RAC		Dec. 3, 19	YEAR LAST BIRTHE		YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCE DEAD	ED March	2/198	6/14M
The state of the s	FC	RTHPLACE (STATE OR DREIGN COUNTRY) Maryland		76. CITIZEN OF WHAT USA	COUNTRY?	MARRIED 18	KNEVER MARRI	ED BAL	TIMORE CO	UNTY,	MD.
	P C	TOWSON	ATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY GREATER E	(GIVE STREET ADDRESS)		L CENTER	FOR MOST OF WORKIN Police Of	TION (TYPE OF WORK NG LIFE) Fficer	OR INDUS	of Md.
21201	13a S	AL RESIDENCE (IF IN NU. TATE Md.	RSING HOME OR 13b COUNT Balti	other institution, give re Y Lmore	SIDENCE BEFORE ADMISS C. CITY OR TOWN altimore	13d. I	INSIDE CITY LIMITS?	13e SIREET ADDRESS 104 Midhu	s urst Road	212	12
E, MD. 2	1			nd Thursby	LAST			Roberta Se	eward	LAST	
BALTIMORE, MD. REATH DEATH OVER AND THE FORMER IN FORMER	16a. \	WAS DECEASED EVER (ES, NO, OR UNKNOWN) Yes	IN U.S. ARM (IF YES, GIVE W		218 14 00		res. Lucy	I. Thursby	ADDRESS y 104 Mi		
CORDS, 301 W. PRESTON ST., BE EXECUTED WITHIN 24 HOI NDING." IN PENCIL IN ITEM IS WEDICAL I KAMINER ALONG AS A BURIAL-TRANSIT PERMIT ATTH AND MENTAL HYGIENE, MATION, OR REMOVAL.	NO	Conditions, if gove rise to couse (a) stating lying cause lost	/AS CAUSED IMMEDIATE ony, which immediate g the <u>under</u> -	DUE TO, OR AS	A CONSEQUENCE	OF	ONOITION GIVEN IN PAI	RI I a.	nelon	RETWEEN ON	ATE INTERVAL
VITAL RECORD SHOULD BE E. CORD "PENDIN" E. CHIEF MEDIN BE USED AS A ALT OF HEALTH.	CERTIFICATION	19a. DATE OF OPER			N FOR WHICH OPE					20. AUTOPS	
S CERTIFICATE SHOULD BE EXERTIFICATE SHOULD BE EXERTIFICATE SHOULD BE EXERTIFICATE THE WEBICALE E 3 SHOULD BE USED AS A BUE DEPARTMENT OF HEALTH AN PRICK TO BURGAL, CREMATION	MEDICAL CER	216 EXTERNAL CAU UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTION COUR	OR CAUSE OF D		ONTH DAY YEA 19 NJURY (ATHOME.			D (ENTER NATURE OF INJUR		OUNTY	STATE
MEDICAL EXAMINER: THIS SET A SHOULD BE FORWART FUNERAL DIRECTOR: PAGE FER DEATH, WITH THE STATE THOSE, MARYLAND, 212011		WHILE NOT AT WORK AT V 22a. I certify that death resulted from	I took charge	les F. O'D	nulli	Autopsy E	Inspection	Undetermined manuments MEDICAL EXAMIN York Road	DATE NER SIGN	ie 3 Bi	/86 21204
BATT PRE TO	23o. E	Burial, CREMATION,	REMOVAL 23	3/24/86	23c. NAME OF CE	METERY OR CRI		23d LOCATION CITY OR TOWN Baltin	more, Md.	UNTY	STATE
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR IT TCHELL-W	EDEFE	LD HOME, II	NC. 650	0 York l	Rd. 250 MAF	*26 1986 A	HARE STAIDE	See House	

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DHMH - 16 60M 7/8 (VRA 15, 4)

/1	14				E OF MARYLAND	0 4	0 7	1 6	1
30	1 -	FOR			EALTH AND MENTAL HY	GIENEO	0		
	13	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o.		
3		CEASED NAME FIRST	WIDDLE		ASI		MONTH DAY	YEAR 2b HC	OUR
		Cather	INE !	M. liL	9hMAN		3-5-19	186 12.	:30 M
	3. SE)		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	MONTHS		DER 24 HRS
4		F	Whi	te 2		96	YRS		MIN.
26		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DE	ATH	
2	*	Md.	4.5	• WIDOW!		BALto	· Co.	XIII.	MD.
)-		TY OR TOWN OF DEATH	11. NAME OF HOSPI	ITAL, NURSING HOME (ITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST O	ON 12b.	KIND OF BUSIT	NESSOR
6	T	OWSON	Stell	a Ma	ris	Tel. Open			
1	USU A	AL RESIDENCE (IF NURSING HOME OF		ESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	71P CODE	0.	21234
0		nd. BA	1 2		YES NO S	8303 E.	Demost	er Ct	-34
-	14 FA	THER'S NAME	MIDDLE	1467	15 MOTHER'S MAIDEN NA				
30		JOHN	J. C	AIN	CATHERIN	MIDDLE	SULL	IVAN	
B				SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
/	()	(IF YES GIVE	E WAR OR DATES)	19-20-69:	3 Stell	a Mari	5 Ke	cord	15
		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ly ane cause per line to	ar (a), (b), and (c)			88	APPROXIMATE IN	TERVAL ND DEATH
B	100		E CAUSE (a)	SCVD					
		0,0,0		A CONSEQUENCE OF					
		Conditions, if any, which	(1b)	CONSEQUENCE OF					
	100	gove rise to immediate couse (a), stating the	DUE TO ORAS	A CONSEQUENCE OF					
		underlying cause last	(IS)	A CONSCOURNCE OF					
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN F	ART Ita	
	NO N	Abdomin	topers .	IMOE -	UNKNOW	. 1. / -	E		
0	AT	19a. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO		20a AUTOPSY?	206. IF YES, WERE	FINDINGS US	SED
7	TIFIC					YES NO	IN CERTIFYING C	AUSES OF DE	
4	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJU		21c HOW INJURY OCCUR			PARI 2)	
1		OR CONTRIBUTING CAUSE OF DEA	III	MONTH DAY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF IN		211 LOCATION				
1	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FA	CTORY OFFICE, FARM ETC)	STREET	CITY OR TO	wn COL	NTY	STATE
		22a. I certify that (1) (this hospit	ral) attended the dec	eased from 5 -	15 10 82	10 3-5	10 8	6 that (1)	(we) last
	10.1	saw the deceased alive an	3-5	19 86 0	nd that in (my) (our) opinian	death accurred on the do	ite and haur and fr		,
		abave, (1) (we) (did) (did not 22b. SIGNATURE	view the bady after	death.	DEGREE			DATE SIGNE	
	40	OXIC	101,00	2401 M	ATTENDING _	MEDICAL STAF	F _		1154
	15	27d PHYSICIAN'S NAME (TYPE OF	R PRINT)		PHYSICIAN [DIRECTOR PHYSIC	IAN		7
-	22- 0	SURIAL, CREMATION, REMOVAL	23b DATE	172, NIAME OF	EMETERY OR CREMATORY	23d LOCATION			
		SPECIFY)	3/7/86	Dulaney		Cockey	sville B	alto.	Mdt.
	74 E1	Burial UNERAL DIRECTOR	13///00	Duraney			The second second		· (6)
4		NAME	4	5500 York I		TE REC'D. BY REGISTRAR AR 1 1 1986	Z3B. REGISTRARSS	SA Markon	
	MI	tchell-Wiedefel	u	TOTY I	1411	1 1 1	1		

8728 Liberty Road Randallstown, Maryland 21133

DHMH = 16 60M 7/B4 (VRA 15, 4)

The street general to Colombia Col SETS AND ALLOW ... E. HE SELECTION OF THE SELECTION ment I salman mi a mi a sa Interpretation of the property of the part LOCAL SERVICE COMMENTS CO. L. C. CO. Collaboration of the land of the land 2023

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CEDTIFIC ATE OF DEATH

and was first with

				REG. NO).		
1. DECEASED NAME FIRST REB	ECCA MIDDLE E.	LA	TRASKEY .	20 DATE OF DEATH	MONTH DAY	YEAR 26. HO	DUR
KEBECC.	AE	TR	ASKEY		3 9 8	6/1	20 M
1	I RACE	S. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER	RTYEAR IF UNE	ER 24 HRS
Female	White	MONTH		72	YRS MONTHS	DAYS HOUR	MIN.
	LOUNTED OF WHAT COUNT	RY? 8 MARRIED		9. BALTIMORE CITY OF			16
Maryland	U.S.A.	WIDOWE	DINORCED [BALTII		COUN	TY MD.
10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NU (JENOT IN SUCH FACILITY, GIVES 	TREET ADDRESS!		12a. USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BUSI	NESS OR
TOWSON, MD	ST JOSEP,	# Ho.	SPITAL	Homemaker		Own Hor	ne
USUAL RESIDENCE (IF NURSING HOME OR OF 130 STATE 136 COUNT)			136 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE		
	imore Tows		YES NO T		sailles C	ircle	21 204
14 FATHER'S NAME			15 MOTHER'S MAIDEN NAM	AE .	Jarres C	22020	11101
	MODLE LAST		FIRST	WIDDLE		LAST	
Charles	Hites		Ann	ADDRES		Staley	
160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) { IF YES, GIVE	WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRES	33	21	204
No	578-44	-7309	Ann T. Jones	-1003 Malv	vern Ct.,	Towson	,Md.
18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b	o, and (chi)			81	APPROXIMATE IN	TERVAL ND DEATH
PART I. DEATH WAS CAUSED		AN CA	ARCINOMA			3 MOS	
IMMEDIATE	CAUSE (0)					7 1 10	
	DUE TO, OR AS A CONSE	EQUENCE OF			10.00		
Conditions, if any, which gove rise to immediate	(b)						
couse (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF					
underlying cause last.	(10)						
PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	NALDISEASE OR COND	ITION GIVEN IN P	ART No.	
	FAILURE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
RENAZ 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE	FINDINGS US	ED
SE S					IN CERTIFYING C		
	AN THE OF BUILDY		121. 110.00 111.00 0.00 0.00	YES NOW	YES 🗌	NO	
OR CONTRACTOR IN CALLER OF DEAL	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR F	PART 2)	
	P.M.	19					
(IF EITHER NOTIFY MEDICAL EXAMINER)	1.171,						
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION			inity	4 T A T T
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE			211 LOCATION	CITY OR TOW	vn cou	NIY	STATE
(IF ETIMER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF	FICE FARM ETC.)	STREET	CITY OR TOW	vn cou		
(If EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that 1) this hospital	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF	om	STREET 19.86	to_3 , 9	1988	that [1]	(we) lost
(If EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (i) this hospith sow the decessed alive as oboye (i) we) (did) (and not	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF) oftended the deceased for	om	d that in my our) opinion d	to_3 , 9	1988	that [1]	(we) lost
(If EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22d. I certify that this hospital sow the decrosed dive	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF) oftended the deceased for	om 2 1 0	STREET 1986 d that in (My) our) opinion d DEGREE	, to	te and hour and tr	that [1])(we) lost
(If EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (i) this hospith sow the decessed alive as oboye (i) we) (did) (and not	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF) oftended the deceased for	om	d that in my our) opinion d	to 3 : 9	te and hour and tr	the couses)(we) lost
(If EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that 10 this hospith sow the deceased alive as oboyd (1) we) (did) (and not	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF	om 2 1 0	STREET 1986 d that in (My) our) opinion d DEGREE	, to	te and hour and tr	the couses)(we) lost
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE ALWORK ALWORK Sow the deceased dive and obove (IJWe) (did) (and not the standard of the stand	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF	om 2 1 0	d that in (my) our) opinion d DEGREE ATTENDING PHYSICIAN	to 3 : 9	te and hour and tr	that [1])(we) lost stoted
If EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFF DI) ottended the deceased from FRINTI PRINTI M AN	om 2 11	d that in (my) our) opinion d DEGREE ATTENDING PHYSICIAN	, to	te and hour and tr	that [1])(we) lost stoted
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify the decessed office a obove of well did (and not obove of the decessed office as obove of the decessed of the	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFF DI) ottended the deceased from FRINTI PRINTI M AN	om 2 1 19 86 on D	of that in My Jour) aprilland a DEGREE ATTENDING PHYSICIAN X 7600 OS		te and hour and tr	the fill om the couses DATE SIGNE 3 · 10 · 8)(we) lost stoted

ADDRESS 1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

injury, or other traumatic event, th

the burial-transit permit.

should be detached for use as the burial-transit permit, with the State Dept of Health and Mental Hygiene prior MAPORTANT: If them 21 is marked or them 18 shows any

etained by the haspital or offending physician.

OR ATTENDING PHYSICIAN The

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1		CEASED NAME FIRST Margue		bba Mari		ravers	20 DATE OF DEATH		986	6 am
	3. SE	Female	4 RACE White		OCT:	1 16, 1902 AR	6 AGE (IN YEARS LAST	YRS	MONTHS DAYS	IF UNDER 24 HRS
1	N	lew York	U.	S.A.	WIDOWE		Baltimo Baltimo	re Cour		MD
	2	TY OR TOWN OF DEATH Pikesville	(1F 1804 ^{UC)}	OIMSTEAD	Rd.	dr other institution	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Housewi	T OF WORKING LIF		OF BUSINESS OR
5	130. 5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Balt	ITY	GIVE RESIDENCE BEFORE 136 CITY OR TOW Pikesvil	N	13d INSIDE CITY LIMITS?	13e STREET ADDRES	s / ZIP CODE stead I	Rd. 212	208
2) FA	Carl E.	MIDDLE Ri	ngquist		IS MOTHER'S MAIDEN NAM	WE	•	Arner	л
/		VAS DECEASED EVER IN U.S. ARI (15, NO OR UNKNOWN) (15 YES, GIV	MED FORCES? E WAR OR DATES)	217-03-1		F. Arnold Tr	804 ravers Pik	Rolmste esville	ead Rd.	21208
	TION	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	D BY E CAUSE (o) DUE TO, OR b) DUE TO, OR (c) ONDITIONS CO	Candus AS A CONSEQUE AS A CONSEQUE	NCE OF		INAL DISEASE OR CO	A sol	VEN IN PART 110	3484
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDIN FYING CAUSES ES []	
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER ALL WORK NOTIFY HAD (I) (this hospit sow the deceased alive an obove, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEO	P.A. 21e PLACE C (AT HOME, STRI	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F. e deceased fram	19 ARM ETC)	211 LOCATION 211 LOCATION STREET 19 nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 220 ADDRESS	ocurred an the	date and hau	19	SIGNED 3/84
	23n B	JRUIN DURIAL, CREMATION, REMOVAL Burial	23b DATE Mar. 4			EMETERY OR CREMATORY idge Cemetery	123d LOCATION		Balto.,	

Owings Mills, Md. 21117

DHMH - 16 60M 7/B4 (VRA 15, 4)

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CALCOLOGIE, NO. 311LT

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

MAR 3 1 1986 Julia Javidon Rend

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Later Special Report Description of the Secretary Special Special States Special States State



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THINKYEARD USA BALTO COURTY

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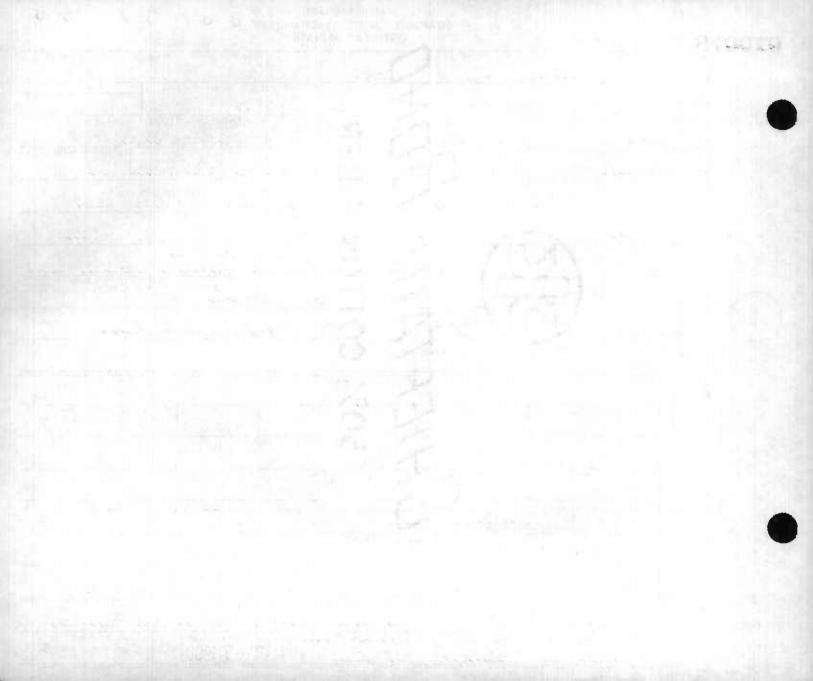
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	STATE OF MARYLAND	63	4	0
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Ö	0	U
AR	CERTIFICATE OF DEATH		250 110	

	1-	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	REG. N	U	, ,	0	3
		CEASED NAME FIRST		WIDDLE	ι	LAS1		MONTH	DAY YEAR	2h HOUR	?
1	(TYPE	OR PRINT)	fton	A	Uel	ne.7.		3	6 86	155	44
1	3. SE)		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	_	IF UNDER I YEAR	IF UNDER 2	14 HRS
		Male	Caucasi	an	9	15 08	77	YRS	MONTHS DAYS	HOURS	MIN
100		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAAAAA	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH		
ı		laryland	United	l States	WIDOWE		Baltimo	re Cou	inty		MD.
	-	ndalls town	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST O	F WORKING LI	12b. KIND C	F BUSINES	SSOR
2		AT RESIDENCE HE NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION!	neral Hospital	Gas Statio	IN ALL	equant		
)	Ма		ounty altimore	Baltimo		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS . 2825 Ridge	ZIP COD	ž 212	07	
1		August	MIDDLE	Vebel		IS MOTHER'S MAIDEN NA LOUISE	ME MIDDLE		Ď	itz	
		VAS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.	17 INFORMANT Mr.	Edward Uebe	SE			
1		res, no or unknown) (IF YE	S, GIVE WAR OR DATES)	217-03-0	151	2825 Ridge H			Janu Land	7 27	207
1		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA IMME Conditions, if any, which	DUE TO, O	RASA CONSEQUE	euce	in tacky	ediovasa	elana	APPROX BETWEEN	IMATE INTERV ONSET AND D	EATH
	NO	gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA	DUE TO, O	R AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GI	VEN IN PART 1	a	
	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES [7]	NGS USED OF DEATH	H?
-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA-	F DEATH HOUR A.	OF INJURY M. MONTH DA M.	Y YEAR	216 HOW INJURY OCCUR					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	Str	ATE
		220.1 certify that (1) (this to saw the deceased aliverabave (1) (we) (did) (die	e on Feb. 13	19_8	May 2	nd that in (my) (aur) apinion	to March 6		19_ <mark>86,</mark> or and fram the	that (I) (w causes stat	e) last ted
		22b. SIGNATURE	the Gen	dey h.	20	I.D. ATTENDING X	MEDICAL STAI	FF IAN 🔲	3-7-		
		Jerome H. Gi		. D.		22e ADDRESS 8630 Randa	Liberty Pla llstown, Ma				
	23 o B	URIAL, CREMATION, REMO	VAL 236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
		SPECIFY) Burial	3/8/8			Olive Cemetery			n Balta		MD
	24 FU	INERAL DIRECTOR LOTT	ng Byers	Funeral D	irect	ors, Inc. 250. DAT	E REC'D. BY REGISTRAR	25h. REGIST	TRAR'S SIGNAT	ribé "	-
	8	728 Liberty I	Rd. Randa	ills town,	MD.	21133 M	AR 7 1986	on Line	to be foliated by	(Indicate	SC.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



					E OF MARYLAND	63 1 1	7169
00-0164	21 -	FOR STATE REGISTRAR	DEI		TEALTH AND MENTAL H		, , , , ,
00 0104	L DE	CEASED NAME FIRST	MIDDLE		1241	REG. NO.	
6 WE	(TYPE	On powers		- 114	1621		
9,00	2.05	1 000	C)CA			March 23, 19	
(e)	3 SE	10-0-	4 RAGE	3. DATE	OF BIRTH DAY MEABA	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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a and		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY?	NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
oe de 20		yland	USA	WIDOW	DIVORCED [1 Baltonine	County
	10 8	TY OR TOWN OF DEATH	NAME OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY
18 1 OS	10	-andallown	Isalto Lour	ity (nel	1 Hospital	self_employed	Oil Business
10	13a S	AL RESIDENCE (IF NURSING HOME OR			134 INSIDE CITY LIMITS		
Constitution 22		Ma 100	uto- 140	hourse	YES . NO XX	12 Maw Hors	
athur tely 2 sh	14. FA	THER'S NAME	MIDDLE LA		15. MOTHER'S MAIDEN	NAME	
1 1 1 0 3 C		Samuel	Uhler	51	FIRST M.	olly	Benson
5 0-		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	L SECURITY NO.			D 21208
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\$ ± 0 >	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	N WAS PERSONAED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
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OR / DIRE DORE Dept	1	22b. SIGNATURE	0 1		DEGREE	urner A	22c. DATE SIGNED
		Auresh	Guna		MI) ATTENDING	MEDICAL STAFF	03/24/86,
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D	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF	EMETERY OR CREMATOR		7
BP	1	Burial	3-26-86	Druid R	idge Cemeter	y Pikesville B	Saltimore MD
DHMH - 16 60M 7/B4	24 FL	INERAL DIRECTOR Loring		1 Direct	ors, Inc 250 D	DATE REC'D. BY REGISTRAR 256 REG	
(VRA 15, 4)	87	728 Liberty Rd.	Randallstow	n, MD		IAR 2 7 1086 Suchia	Davidson-Randelle

						OF MARYLAND		^	209 8	7 0
0-01464	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 6 0	NO.	/ 1	/ 0
		CEASED NAME FIRST		WIDDLE	i	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
noy be	(TYP)	CA	RROLL		V.	AN NESS Jr.	The state of the	3 2	0_86	10.55pM
le de de	3. SE		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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1 2 3	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
1120		MD		USA	WIDOWE	D DIVORCED	BALTIMO	RE COUN		MD.
5 5	10 €	TOWSON	II. NAME OF	F HOSPITAL, NUF UCH FACILITY, GIVE ST MC	RSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUP. (TYPE OF WORK FOR MO) Superv	ST OF WORKING LIFE		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the discussion of community and community physician. Offer this certificate has been signed by the discussion and community like in sorthe buriol-transit permit. Then please remove contact mens. Pages 1 offer the discussion permit. Then please remove contact mens. Pages 1 offer the discussion of the following the prior to buriol, crement contact mension of the medical contact mension of the following the following the medical contact mension of the following the following the medical contact mension of the following the medical contact mension of the following the foll		ATHER'S NAME FIRST Carroll	WIDDIE	Jan Nes		15. MOTHER'S MAIDEN N ROSalie	AME		14	
S C C C		WAS DECEASED EVER IN U.S.		166 SOCIALS	ECURITY NO.	17 INFORMANT		DRESS		
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ALTI cron ers.		18 CAUSE OF DEATH (Enter	only one cause p						APPRO: BETWEEN	XIMATE INTERVAL ONSET AND DEATH
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he lo on. hos ene	CERTIFICATION						YES NO	. 1	YING CAUSES	S OF DEATH?
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TOR TOR OF He of He		sow the deceased alive abave, (1) (we) (did) (did	an	3/201	9-86 or	d that in (my) (aur) opinia		date and have	and fram the	causes stated
OR A DIREC DIREC Dept.		22b SIGNATURE	ngr) view me bac	ly differ dediff		DEGREE			22c. DATE	ESIGNED
AL O the Dorter of the Direction		- ne VHa	mme	1	V	MATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN IV	3/	21/86
ZER	1	224 PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS	_ sweeton _ iii	DICTAL (EC)		21700
TO HOSPITAL retained by the TO FUNERAL should be detained by with the Store IMPORTANT: If		JOEL L. HAMME	TD M D			(701)				
5 g 5 g ₹ ₹	23a	BURIAL, CREMATION, REMOV		12	3 NAME OF C	16701 N. CHA	RIES ST	1204		
BP		(SPECIFY) Cremation		2/86		n Mount	Balto		COUNTY	STATE .
		INTERAL DIRECTOR				lat D	ATE REC'D. BY REGISTR			
DHMH - 16 60M 7/84		NAME Her	ry W.			s Co.	AR 2 / 1000		Leviden.	20
(VRA 15, 4)	49	05 York Rea	d_Balto	MD.	212	212	UN CA DO	- June 16	- Angel	ALCOHOL: N

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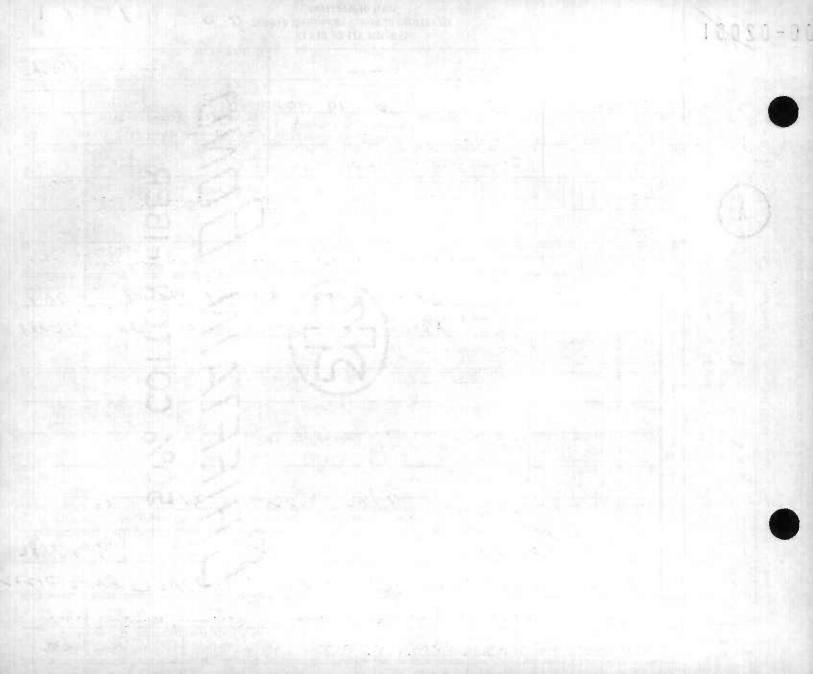
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218 10 10 Mm. Helon Van Naus, Sire

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Henry A. Jenin Son Co. 49 E York FQ Esto., 2112



1,380-10 Elm Andrew March Committee

FOR STATE

MALE

MICHAI

24 FUNERAL DIRECTOR

		DEPARTMENT OF	TE OF MARYI HEALTH AND FICATE OF	MENTAL HY	GIENE 👸	C) REG. NO.	0 7	1	7 3
FIRST	MIDDLE		LAST		2a. DATE OF	DEATH MON	TH DAY	YEAR	2b. HOUR
OUIS	0.	VI	ACH		1000	3	11 '	86	12:59a _M
	4 RACE WHITE	5 DATE	OF BIRTH	¹26ª	6. AGE (INY)	EARS LAST BIRTHDAY	YRS IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
PEREIGN	U.S.A.	T COUNTRY? 8 MARR WIDOV	ED X NEVER	MARRIED		IMORE (DEATH	MD.
ATH	(IF NOT IN SUCH FACI	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) 1 N.CHARLES			LITYPE OF WORK	CCUPATION FOR MOST OF WO TENGI	RKING LIFE) IN	DUSTRY	BUSINESS OR
136 COU		esidence before admission CITY OR TOWN 21234	13d INSIDE	CITY LIMITS?	791	DALE	CODE ESFORI	D RO	AD 21234
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	IVE WAR OR DATEST	9-22-6440	MRS.		G. VL	ACH BA	LTIM	ORE,	MD21234
WASCAUS	inly one cause per line f ED BY: ATE CAUSE (a)	or (a), (b), and (c) METASTATIC	CARCIN	OMA OF	THE UR	INARY B	LADDER	BETWEENO	ARS
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ing the	DUE TO, OR AS	a consequence of							
NIEKCANT	CONDITIONS CONTR	BUTING TO DEATH BL	T NOT RELATE	D TO THE TER	AINAL DISEASI	F OR CONDITION	ON GIVEN IN	V PART Lie	

18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C	MELASIALIL	CARCINOMA	OF THE	URINARY		YEARS
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL	DISEASE OR CON	DITION GIVEN IN	PART Ira
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY C	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18. PART 1 OF	PART 2)
21d INJURY OCCURRED WHILE NOTWHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	wn co	UNIY STATE
220.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did nat) vi	ew the body after death.	nd that in (my) (our) o	pinian death	occurred on the de	ate and hour and f	
226 SIGNATURE	la al ana M	DEGREE ATTEND	ING ME	DICAL STAI	FF	3/11/86
CRAIG M. SHAUGH		GBMC-670	L N.CHA	ARLES ST.		

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD

23b DATE

MORELAND MEM. PARK BALTIMORE CO. MARYLAND

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

H RAVEN BLVD. MAR 12 1986

12000-00

CONTRACTOR OF THE PROPERTY OF

FOR

REGISTRAR

- STATE

071159

and that in (my) (our) opinion death accurred on the date and have and from the causes stated University of Maryland Hospital, Baltimore, MD. Marriotsville ²⁴ FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228 Leroy M. & Russell C. Witzke Funeral Home DHMH - 16 60M 7/84 Solie Drinden Hande (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

126. KIND OF BUSINESS OR

Woodlawn, Md.

APPROXIMATE INTERVAL

Westinghouse 21207

Ginski

YES [

COUNTY

STATE

IF UNDER I YEAR

4:30P

IF UNDER 24 HRS



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

×	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.						
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	E	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR				
	William	Robert	Wa	ırd	3	7 1986	7:13A M				
1	3 SEX 4 RAC	CE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS					
4	Male	White	2	24 1903	83 YR		HOURS MIN.				
1		TIZEN OF WHAT COUNTRY?	AA A DOJE	X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
	Maryland	U.S.A.	WIDOWE		Baltimore County						
		IAME OF HOSPITAL, NURSING		ROTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR				
		06 Dunmurry Rd		222	Self Employed		ice Statio				
E	USUAL RESIDENCE (IF NURSING HOME OR OTHER II 130 STATE 135 COUNTY Maryland Baltimo	13c CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO 24	13e.STREET ADDRESS / ZIP CO	ODE	Twee to the second				
	14 FATHER'S NAME FIRST MIDDLE	LAST		15 MOTHER'S MAIDEN NA							
	William	Ward		Hannah	WIDDLE	Cut	tv				
	160 WAS DECEASED EVER IN U.S. ARMED FO		TY NO.	17 INFORMANT	ADDRESS						
	NO	213/09/204	46	Cynthia E. V	Ward (wife-same	as 13e.)					
	18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	Make the	AC	AZIZE	eT	APPRO. BETWEEN	XIMATE INTERVAL LONSET AND DEATH				
The Control of	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	ES	- YRS								
	PART 2. OTHER SIGNIFICANT CONDS	ITIONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 1	(0				
7	190 DATE OF OPERATION 19 210. ACCIDENT WAS UNDERLYING 21	96. CONDITION FOR WHICH O	PERATION	N WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FIND RTIFYING CAUSE YES	NGS USED S OF DEATH?				
7	210. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ib. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)					

21d INJURY OCCURRED

21e PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

21f LOCATION

CITY OR TOWN

COUNTY

STATE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

in(m) (our) opinion death occurred on the date and hour and from the couses stated

22c DATE SIGNED

Dr. Harvey N. Schonwald

22e ADDRESS

660 Kenilworth Drive Towson, Md. 21204 23d LOCATION

В	P	
		_

DHMH - 16 60M 7/B4 (VRA 15, 4)

to FUNERAL DIRECTOR: should be detoched for us with the Stote Dept. of Hee

MPORTANT.

230. BURIAL, CREMATION, REMOVAL

Burial

NOT WHILE

3/10/1986

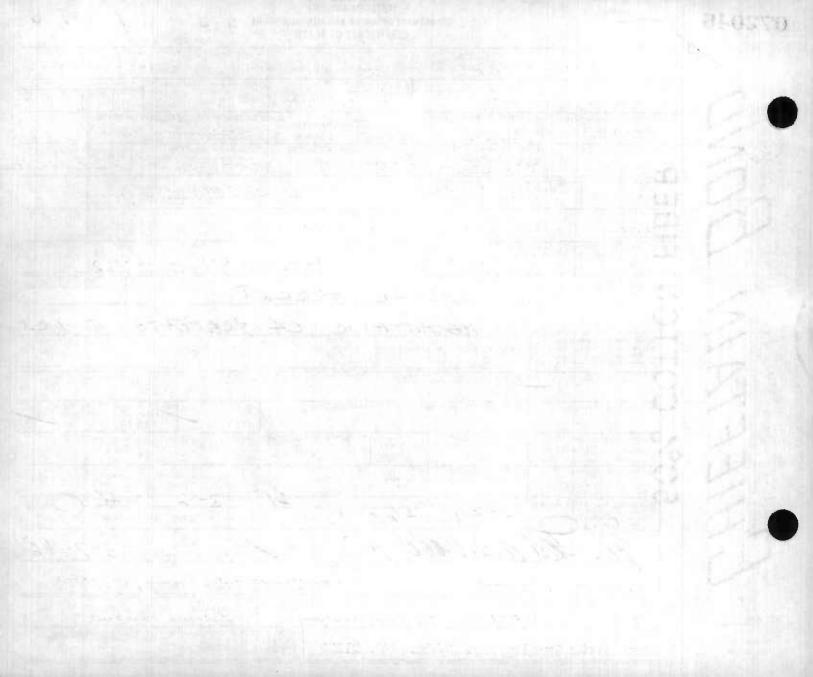
Oak Lawn Cemetery

23c NAME OF CEMETERY OR CREMATORY

Baltimore, Maryland 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

STATE

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222



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	T	A	TE	OF	M	ARY	LAN	D
 DESCRIPTION	^				T11			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🍯

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FOR - STATE		DEPARTM		EALTH AND MENTAL HYG	IENE & O	U	/ 1	11			
REGISTRAR 1. DECEASED NAME FIRST	MID	DIE		AST	REG. N		DAY YEAR	12b HOUR			
(TYPE OR PRINT) Jennie	Bell		TAT A	סדי				r			
3. SEX	Dell 14 RACE	.e	WA.		March 11	198	IF UNDER TYEAR	12:55M			
			MONTH	DAY YEAR		70	MONTHS DAYS	HOURS MIN.			
Female 70. BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF W		8	eary 14, 1911	9 BALTIMORE CITY OR COUNTY OF DEATH						
. COUNTRY)	U.S			NEVER MARRIED	DELICITION OF			MD			
Alabama 10. CITY OR TOWN OF DEATH			G HOME C	DR OTHER INSTITUTION	Baltimore County						
P	(IF NOT IN SUCH F	ACILITY, GIVE STREET	ADDRESS)		Seamstres:		(E) INDUSTRY				
Rossville 21237		VE RESIDENCE BEFORE	ADMISSION)	Lual			Garmen	1100.			
13a STATE 13b COU		CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			223			
Maryland Bal	timore	Essex		YES NO R	19 Rivers	tae no	pad ZI	221			
. FIRST	MIDDLE	LAST		FIRST.	MIDDLE	VI	LAS	Te			
George 160 WAS DECEASED EVER IN U.S. A	Wood	S SOCIAL SECU	RITYNO	17 INFORMANT	arah E.	Newman					
(YES, NO OR UNKNOWN) HE YES, G	IVE WAR OR DATES)				Oh Die) D.1	21221	353			
NO			342	Sarah Lepus	34 Riversio	le na.					
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS				tolo Donol	e - : 1		BETWEEN	MATE INTERVAL ONSET AND DEATH			
IMMEDIA	ATE CAUSE (a) Ca	rurae	asys	tole, Renal	Tallure	-					
		AS A CONSEQUE									
Conditions, if any, which gove rise to immediate	(p) Ob	ening .	in v.	iscus causi	ng pneumo	perit	coneum				
cause (a), stating the underlying couse last	DUE TO, OR A	AS A CONSEQUE	NCE OF								
	(c)										
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5			0.0000				YING CAUSES				
21g. ACCIDENT WAS UNDERLYING	21b. TIME OF I	NJURY		21c HOW INJURY OCCURE			~	NO []			
011 001 111 111 111 111 111 111 111 111	HOUR A.M.	MONTH DA		The troth in golff occord	LEIGHTER WATER OF 1890	KI BUMIM IG P	AAT (OR / ART 2)				
OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING	P.M. 21e PLACE OF	INTITIDY	19	211 LOCATION							
WHILE NOT WHILE		FACTORY, OFFICE FA	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE			
AT WORK AT WORK	utal) attended the	doctored from 1	Manal	1 10 00	(-) (- · · · · · · · · · · · · · · · · · ·	1 1	10.00	ah-a 1 (1 a) 1-a			
22a I certify that M (this hasp saw the deceased alive a apove, M (we) (did) (di	March 1	1 19 7	36	nd that in (W) (our) opinion of	death occurred an the d	ate and hou	and from the	that (we) lost			
22b. SIGNATURE	view the bady al	ter death.		DEGREE			22c DATE				
John A	mosi	vin		MI ATTENDING	MEDICAL STA						
22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS	DIRECTOR PHYSIC	IAN					
John D. Me	rwin M	.D.		anno Engale	lin Canan	Dec d		1007			
23a BURIAL, CREMATION, REMOVA			IAME OF C	9000 Frank	123d LOCATION	e Dri	ve, 2	1237			
[SPECIFY]	3/14/8			m Cemetery	Baltimor	e Mar	county	STATE			

1407 Old Eastern Ave.

DHMH - 16 50M 4/83 (VRA 15, 4)

Funeral Home

BP

TO HOSPITAL

First Little Fire True 1 , 1 11 Alabana V V.... Y cossville 21237 aradia cure ospitel contestess contestes to. Margaria Eltimo e Essex x 10 dverside vord 2021 5 C 7 C - 12 (1 0342 .crep .epus '4 .iver.ice d. - 1to., ... Mar D. Marine PAD - William &

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	is		EASED NAME	FIRST		MIDDLE	L/	AST		2a. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
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Green Mount

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(SPECIFY) Cremation

74 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. NAME 4905 York Road Balto., MD 2121 4905 York Road 21212

3/6/86

23d LOCATION
CITY OR TOWN
Balto., COUNTY MD 250. DATE REC'D. BY REGISTRAR 255, REGISTRAR S SIGNATURE

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Honey W. Wender & Bone Co.

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LULESCO, March 111

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED S DATE OF BIRTH A AGE (IN YEARS IF LINDER E UNDER 24 HRS DATE 2d HOUR PRONOUNCED 28 1912 Male Nov. DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEAT MARRIED K NEVER MARRIED FOREIGN COUNTRY Baltimore County Baltimore Md. WIDOWED [DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Western Elec Cable Handler Franklin So. Hospital Rossville 21237 USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 134 INSIDE CITY LIMITS? 134 STREET ADDRESS Kingston Rd. 130 STATE Middle River 21220 Baltimore Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Gesswein LAST LAST Annie Ralph 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS 216 03 0346 Harry Zulauf. Stepson Same No 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY RIUSCLEROTIC CARDIO-IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF LANDISEBSE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME 21L LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the interior described above, held an Autopsy Inspection deoth resulted furn Accident Hamicide TO FUNERAL DIRECT AFTER DEATH, WITH BALTUNORE, MARYL ACTUAL SIGNATUR EXAMINER'S NAME (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23b. DATE Baltimore Co., Md. Oak Lawn Cemetery 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** PA 1407 Old Hastern Ave (VR A15 ME (5)) 21221

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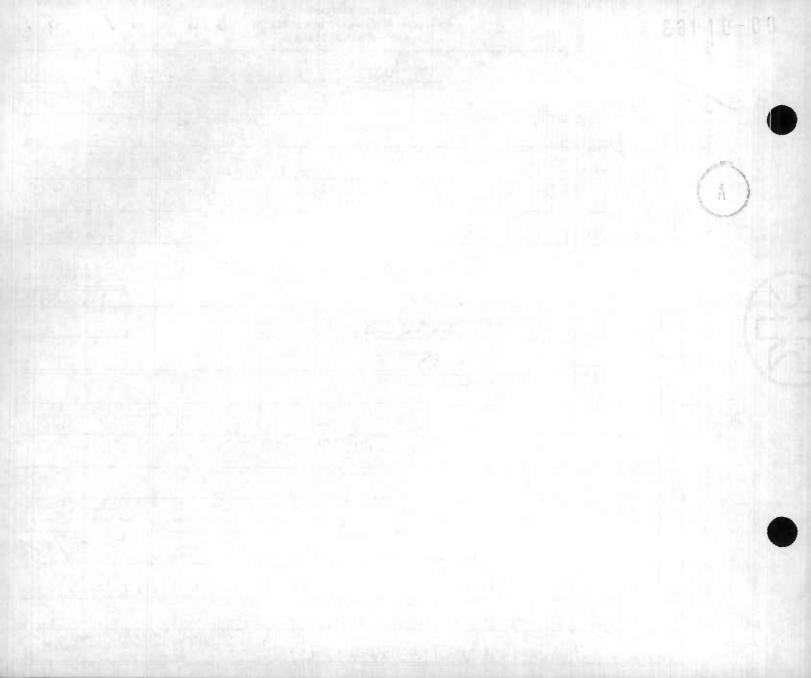
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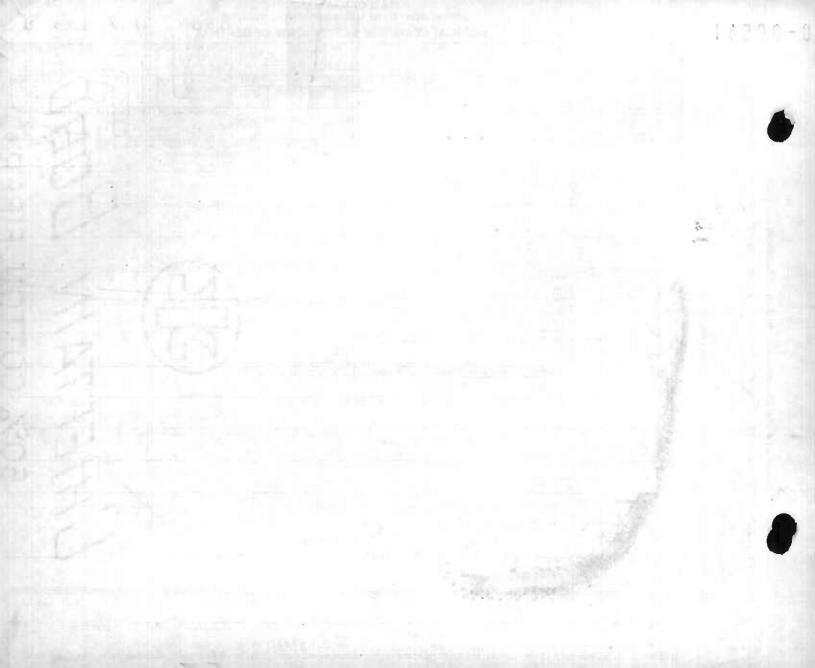
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19%	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INS		20 USUAL OCCUPATION	126 KIND OF BUSINESS C
46	atons 11/14	Bland Br	yant Nurs	Ing Cente	ed —	
13a	UAL RESIDENCE (IF NURSING HOME OR C STATE MD		More 13d Inside	NO [SESTREET ADDRESS / ZIP O	Street 2121
217	FATHER'S NAME	NDOLE LAST		'S MAIDEN NAME		LAST
4	Ünknown			น์ทั่known	1	
2 160	(YES NOR UNKNOWN) I IF YES, GIVE	MED FORCES? 166 SOCIALS WAR OR DATES) 219-5	4-3467 Mrs.	Rosco	ring Grove	Hospital Cen 2122
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		, and is	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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	Conditions, if any, which gave rise to immediate couse (a), stating the	(b)	A - 3 . C			
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CERTIFICATION	190 DATE OF OPERATION	TIAL CONDITION FOR WIS	HICH OPERATION WAS PERF	OBMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
FIG	THE DATE OF CIERATION	THE CONDITION OF WI	HER OF EXAMON WAS TEN	OKWIED	YES NOT	ERTIFYING CAUSES OF DEATH?
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1 3	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	19			
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	220.1 certify that (I) (this haspite	al) attended the deceased fro	om 5 - 00	. 19	, to 3 - 2	, 19_86, that (I) (we) lo
	sow the deceased alive on above, (1) (we) (did) (did nat	view the bady ofter death.	9 86 ond that in (my) (our) opinion de	ath accurred an the date and	hour and from the couses stated
	22b. SIGNATURE	Devados	S MA	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3.3.86
	22d. PHYSICIAN'S NAME ITYPE OR	PRINTI	M.D. 13 F	SS		(me.
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	231. NAME OF CEMETERY OR	CREMATORY	23d LOCATION	(*Outsty
	Burial	03-06-86	Woodlawn		Woodlawn	Balto. MD

DHMH - 16 60M 7/B4 (VRA 15, 4) Burial 03-06-86 Woodlawn
MacNabb Funeral Home, Cattonsville, MD

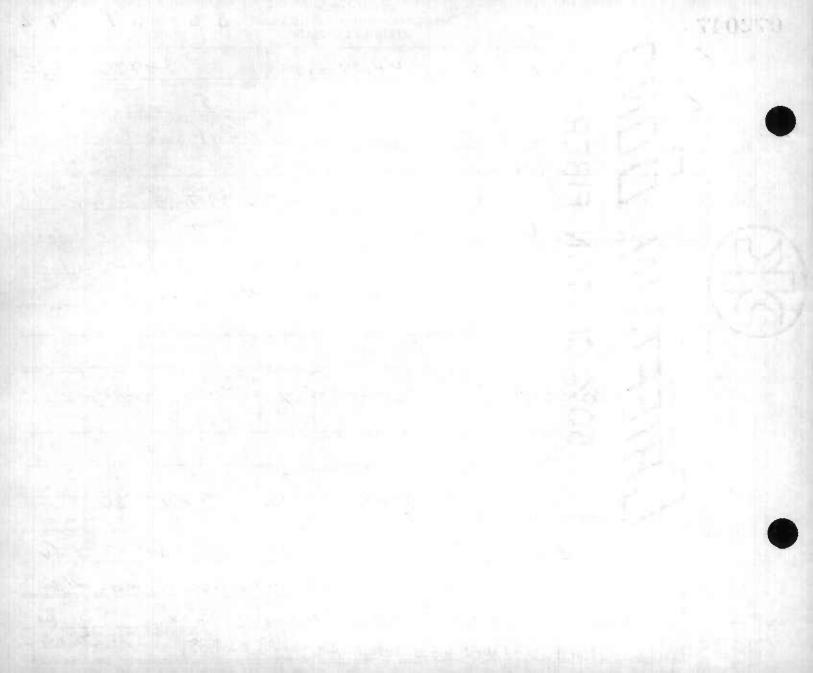
MAR 7 1986 GILLER SIGNATURE TO THE TOTAL PROPERTY OF THE PROPE

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0 - 0	0341		REGISTRAR	FIRST	ME	DICAL	EXAMINER'S	CERTIFIC	CATEU	T DEAT	П	REG. N			
			DECEASED NAME TYPE OR PRINT)	FIRST		MIDDLE		LAST		20	DATE K	FOIL-	MONTH	DAY YEAR	2b. HOUR
	ES. ES.			Samps	son			neeler	, III		DEATH /	MATED [3-	15 1986	
	新た三支馬	3. 5	SEX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS IF	UNDER 1 YR.	IF UNDER		DATE		MONTH	DAY YEA	14, 110011
	NS T S		Male	Balc k		.64	21 YRS.	DNIHS! DAYS	HOURS	MIN P	DEAD	.EU	3-	15 1986	5:00 a:00
	AL STORY	1 170	BIRTHPLACE IST		76 CITIZEN OF W	HAT COUN	ITDV2	DDIES DAIE	WED WADD	150 0-19	BALTIMO	RE CITY	OR COUN	TY OF DEATH	
- 1	PAR STANKE	14	FOREIGN COUNTRY)		II.S	A		RRIED NE	DIVORC		Ral+	-imor	- e Coun	+17	
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ID WITHIN 72 HOURS I W. PRESTON STREET,	10.	Marylan CITY OR TOWN		11. NAME OF HO		RSING HOME, OR			120. USUA	L OCCUPA	ATION (IY		176. KIND OF	
	AY IS THE FINED AGE 5	//			JIF NOT IN SUCH F			ha Arron	110		ST OF WORKI		77 . 1	OR INDU:	
	N N N N N N N N N N N N N N N N N N N		LIAI RESIDENCE	HE IN NURSING HOME	8 OTHER INSTITUTION G	IK. PO	ark Heigh	LS Aven	iue	1 Ca	rpent	er's	нетр	der	-0
1901	ANY AND 3 RETAIL	130	STATE	186. COON	OR OTHER INSTITUTION, G	13c. CITY	ORTOWN	13d INSIDE C	-	13e. STREE			Ave.		
5	A SE SE	1/	Md		None		Baltimore		NO []		W. F	loger	s St.	21215	
9	5 三点	20	FATHER'S NAME		MIDDLE		LAST	IS. MOTH	ER'S MAIDE	ENNAME	MID	DLE		LAST	
		367	Sampso	n Wheele	r, Jr.			La	aura N	Mathis	3				
2	NS OPAGE	7 16	IYES NO OR UNKNO	DEVER IN U.S. AR	MED FORCES?	16b. SOC	CIAL SECURITY NO.	17. INFOR	MANT			ADDRES	5	5 EX = 1	TO THE
	JRS AFTER B. GIVE PA WITH FOR DIVISION	1		, , , , , , , , , , , , , , , ,	none			Samps	son Wh	neelen	. Jr	3807	W. F	Rogers.	Ave.
			18 CAUSE O	F DEATH (Enter on	nly ane cause per lin	far (a), (b)), and (c).)								ATE INTERVAL
5	SESSES.	1	PARTIDE	ATH WAS CAUSE	TE CAUSE (a) C	ranio	cerebral	Trauma						BETWEET	SET AND SEATO
5	WITHIN 24 HO ENCIL IN ITEM I MINER ALONG ITEM ITEM IS IN ITEM I TRANSIT PERMI	2	18150	MMEDIA		AS A CON	NSEQUENCE OF			3.80			1		
ŭ	HIN A SIT A	3		ns, if any, which											
5	N N N N N N N N N N N N N N N N N N N	5		se to immediate stating the under-		AS A CON	ISEQUENCE OF								- 1000
100	A X X Y E	ž	lying cau	se last.										100	
	NO PER		PART 2 OTHER SIL	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT BEL	TEO TO THE TERMINAL OF	CEASE OF COMULTIC	IN GIVEN IN PA	PT L a		-			
6	S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN TIEM 18, RDED TO THE CHIEF MEDICAL EXAMINER ALCING SHOULD BE USED AS A BURRAL -TRANSIT PERMIT. THE DEPARTMENT OF HEALTH AND MENTAL HYGIEME.			ZANI CONDITIONS	CONTRIBUTION TO SENT	BOT NOT KEEP	TEO TO THE TERMINAL OF	JENJE OK COMPINIC	on oliven in the	oki i igo,					
	A A SENIE A SE	5 - 8	196. DATE OF	OPERATION	Tigh COND	TION FOR	WHICH OPERATION	WAS PERFOR	RMED?	-				20 AUTOPS	Y?
	SHOULD ORD "PE CHIEF A E USED A	A A	S Incomit of	OI EKITION	IN. COND	TIOTTI OK	Willett Of Elization							1000	
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	CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMEN	0//					DAY YEAR								
	A STATE OF THE STA	87	CONTRIBUTI	NG CAUSE OF				driver	in au	ito/fi	xed c	bjec	t imp	pact	
-	SE SE SE	-	21d INJURY C	CCURRED	21e PLACE STREET, FAG	OF INJURY		LOCATION			CITY OR TOW	И	co	YIMU	STATE
	T3444	23	AT WORK	NOT WHILE (X Sincer, in	road		8600 bl	.k. Pa	ark He	eights	Ave	nue,B	Balto. (lo., Md
	RW RW	i o	11		ge of the remains ple	scribed abo	ave held an As	itapsy XX.	Inspectio	ın 🗍	Inquiry		and in my ar	pinian	
	M Q C D E	11	death results	1	aral courses W	Accident			icide .		mined mar		, -,		
	AAM REC BE MITH		death result	10	M	, Cideni	- CO	1		Olidelei	mined mai	iller	5-3		
	X B B B Y	₹	ACTUAL /	Voin	m/1/1	nier	The May		specify) sistan	t			DATE	3-15	5-86
1000	SHE SHE	W K	SIGNATURE.	unn	200	The same	-1 10000	M.D. TICK	Jaco Com	MEDIC	AL EXAMI	NER	SIGNI	ED	
	S S S S S S S S S S S S S S S S S S S	E for	EXAMINER'S	NAME DO	nnis F. S	myth.	M.D.	ADDRESS	111 F	enn S	St F	Balto	. Mc	1. 212	01
	TO MEDICAL EXAMINER: TO EXECUTE THE CENTIFICATE. PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST.	§ -	(TYPE OR PRI	TION, REMOVAL			NAME OF CEMETER			1234 100					
		L 13	(SPECIFY)		72 17 18 7 19 18 18					CITY O	RIOWN		cou		STATE
07/8 25M		2	Buri FUNERAL DIREC		3/21/86		rbutus Me	m Park	25g DATE	REC'D. BY	altim	ore	Mar	XIGNATURE	
2.07	DHMH - 17		NAME		ADDRES					4 0		123		o.o. miont	
	(VR A15 ME (5))	Law Fune	ral Home	4611 Par	k Hei	ghts Ave.	21215	MAR	181	986	1	Trieda	A Done	
														. Land	-



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

4	REGISTRAR		CERTITI	CAIL OF DEATH	REG. NO						
Я	1 DECEASED NAME FIRST	MIDDLE	LA!	51	20 DATE OF DEATH A	NONTH DAY YEAR	26 HOUR				
	ESTEL ESTEL	LE MAY	WIL	LIAMSON	March 11,	1986	10:154	M			
	3. SEX	4 RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DA		85			
	Female	White	Octob	er 2, 1885	100	YRS	7.1	۷.			
1	70 BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTR	RY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY OF DEATH						
1	Maryland	U.S.A.	WIDOWED	DIVORCED [re County		MD.				
1	O TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY GIVE STR Meridian Nurs	SING HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEWIFE	N 12b. KIN WORKING LIFE) INDUST	D OF BUSINESS OF B	OR			
1	Catonsville USUAL RESIDENCE (IF NURSING HOME OF			e	nousewife	0001	nome	_			
	Maryland Bal	timore Baltin	nore	YES NO X		zip code .ngford Roa	id 2120	7_			
1	14. FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAST				
1	Joseph	Beva		Georgia		Herb					
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT		Rosecroft					
	No	214-26	5-9865	Elizabeth Ph	rillips Bal						
	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b ,	and ic			APP BET WE	ROXIMATE INTERVAL EN ONSET AND DEAT	Н			
		IMMEDIATE CAUSE 10) Carlo Voscular Callone Lhs.									
		DUE TO, OR AS A CONSEC	DUENCE OF	4			1				
	Canditions, if any, which	(16) Ouler	solen	L (adv	U Uscula 1	Desc 1	shoor "				
	cause to stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF								
١		(6)	y RS	red				_			
9		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
-	I 190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION	WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIN	DINGSTISED				
-	RTIFIC				YES NO	IN CERTIFYING CAU YES [SES OF DEATH?				
7			DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	2)				
	OR CONTRIBUTING CAUSE OF DE-		19		19 6 11 7						
		21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE FARM ETC)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE				
	AT WORK AT WORK		9/	12 /7	3/11	76		_			
	saw the deceased alive on	itel) oftended the deceased from		that in (M) popular opinion of	depth occurred on the dat	e and have and tram	the course stated	ost			
	obove, (1) (worlding) (did no	ot) view the body after death.		EGREE	scom occurred on the dor		ATE SIGNED	_			
	C A L	The A		ATTENDING	MEDICAL STAFF	1	3/1/8	1			
-	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS	DIRECTOR PHYSICI	ANL	11/100	_			
	cliff Ratliff J	r. M.D.		5772 Westvie	ew Mall, Bal	timore, MI).				
	23a BURIAL, CREMATION, REMOVAL		3c. NAME OF CE	METERY OR CREMATORY	23d LOCATION			=			
	Burial	3/14/86	New Cat	hedral Cemete	ery Baltimo	re	Mary	lan			
i	24 FUNERAL DIRECTOR & RUSS	ell C. Witzkens	uneral	Homes P. ASO DATI	RES D. BY ZEGIODAR	Sh REGISTRARS HE	Pemale 1/2	100			
١	1630 Edmondson	Avenue, Catonsvi	ele, MD	. 21228 IV	MI - 2 1000	0					

DHMH - 16 60M 7/84 (VRA 15, 4)

1		FOR	DEDA		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE & 5	0.7	1 9				
0	1-	STATE REGISTRAR	V. ()		FICATE OF DEATH	REG. NO						
13	1. DEC	EASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		26 HOUR				
7	11110	Josephine	Luffman	NILMOTH		March 7,	1986	4:20				
1	3.56)		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY IF UNDER TYEA					
A	Fe	emale	White	10	0-30-15	70	YRS.	5 HOURS A				
10	C	ATHPLACE (STATE OR FOREIGN OUNTRY) Th Carolina	76. CITIZEN OF WHAT COUNT	rpva 9	ED X NEVER MARRIED	Baltimore CITY OF	County OF DEATH					
7	III. CI	SSVIlle	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY CIVES Franklin Squ	RSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Seamstress						
35	13a.5	L RESIDENCE (# NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY 13c. CITY OR 1	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2117 Fairla	ZIP CODE	1014				
20	1. FA	THER'S NAME	middle LAST		15. MOTHER'S MAIDEN NAMERST			LAST				
7	169 W	AS DECEASED EVER IN U.S. A	ARMED FORCES? 16b SOCIALS GIVE WAR OR DATES)	SECURITY NO.	Robert T. Wil	2117	Fairlane R					
ent, me		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one cause per line for 10), (b ISED BY: CARD IOPL					DXIMATE INTERVA				
dic ev		DUE TO: OR AS A CONSEQUENCE OF										
printe	76	Conditions, it any, which	CARDIAC		HMIA		TO SHEET					
officer fro		gave rise to immediate cause (a1, stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF ANOXIC ENCEPHALOPATHY										
hory, or	N		T CONDITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	Ira				
2	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR WE			200 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES					
9	1975-111	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)				
rked or 1	MEDICAL	21d. INJURY OCCURRED	? I e PLACE OF INJURY (AT HOME STREET, FACTORY OF	FICE, FARM ETC)	211. LOCATION STREET	CITY OR TOV	AN CONNIA	STA				
21 11 mg		22a. I certify that (this has saw the deceased alivery above. D. (we) (did) (did	spitol) attended the deceased from	March	186	. to March. 7	19-86 te and hour and from the	, that (we				
T. II Nem		22b. SIGNATURE	Noh		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	c	TE SIGNED				
MPORTAN		lee_ Joon Loh.	PE OR PRINT)		9000 Fran	klin Square						
5 /						1						
T IN	- (URIAL, CREMATION, REMOVA SPECIFY) Lrial			CEMETERY OR CREMATORY Hill Baptist	23d LOCATION CITY OR TOWN Elkin	Wilkes	N Caro				

15 709	1000			KUCT	
ge 4		Male		Whit	e
2 82 0		RTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF	WHATC
1 15 2	5	Maryland		U	ISA
	ALC.	ITY OR TOWN OF DEAT	TH 1	1. NAME OF	
0 100		ndallstown		Baltin	nore
2 /4 /4 4	130	AL RESIDENCE (# NURSI	136 COUNT		13t. CITY
AN COURT N		aryland	Carr	oll	Syk
H H	(M)E	ATHER'S NAME	M	IDDLE	
W 7 25 /20	20	Randol	ph	H.	Win
RE.		WAS DECEASED EVER I		VAR OR DATES	16b 500
IMO	4	No	(IF TES, GIVE	WAR OR DATES	217
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The low requires that the death certificate resecuted with California paysician. CTOR. After this certificate has been signed by the attending physician and certificate for use as the buriol-transit permit. Then please remove carbon paper. From end of for use as the buriol-transit permit. Then please remove carbon paper. From end of the buriol-transit permit. Then please remove carbon paper. From end of the place of the provided or the place of the pl	NO	Conditions, if ony,	which ediate the lost.	DUE TO, O DUE TO, O (c)	OR AS A C
DIVISION OF VITAL RECORDS, 201 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the etomed by the hospital or ottending physician. TO FUNERAL DIRECTOR, After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept of Health and Merchal Hygene prior to burial, MPORTANT: If hem 21 is marked or hem 18 shows any injury, or o	CERTIFICATION	198 DATE OF OPERAT	NON	19b. COND	ITION FO
IVISION OF VITAL	了 8	210. ACCIDENT WAS UNDE		21b. TIME C	
SICIA ng pl	1 3	OR CONTRIBUTING C	AUSE OF DEAT		.M.
PHYS of this of the bus of the bu	MEDICAL	21d. INJURY OCCURRI	D	21e PLACE	
DING POOR of other the costhe of the order o	2	AT WORK AT WORK	E	(Al HOME SI	REEL TACIO
ENDIN tol or Tuse of Health		220.1 certify that (1) (ol) amnded	e deceas
OR ATTEND OR ATTEND DIRECTOR oched for usi	-	above, (I) (we) Add	d) (did not)	view the body	ofter dis
O HOSPITAL OR ATTEN etomed by the hospital TO FUNERAL DIRECTOR should be detoched for u with the State Dept of Ha MPORTANT: If hem 21 is	,	U	Sp	र्ज भी	w
O HOSPITAL O HOSPITAL TO FUNERAL Should be det with the State		PHYSICIAN'S NA	ME (IMPEOR		2.5
TO H shoul		Y MINDI) PRO	COVI	NUF
F 2 2 .	23a E	BURIAL CREMATION R	EMOVAL	23h DATE	

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1.060	CEASED NAME FIR	161	MIDDLE	- {	AST		20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR		
1	-11114	WIL	LIAM	R	' W	INDSOR			3 27	86	4 A M		
	3. SEX	(4 RACE		5 DATE C			6 AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS		
	,	Male	Whit	e	Fet	24,1908	S AR	7.8	YRS	VIHS DATS	HOURS MINL		
1		RTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY	8	D X NEVER MARR		9 BALTIMORE CITY OR COUNTY OF DEATH					
7		Maryland	U	SA	WIDOWE			Baltim	ore Cou	nty,	MD.		
-	III CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		R OTHER INSTITUT	ION	120 USUAL OCCUPATION 126, KIND OF BUSINESS OF					
2		ndallstown	Baltin	nore Coun	ty Ger	n. Hospita	1	Supervisor, State Highway Ad					
	13a S	AL RESIDENCE (IF NURSING I)	OME OR OTHER INSTITUTION COUNTY	13t. CITY OR TOV	RE ADMISSION)	134 INSIDE CITY LI	MITS?	13e STREET ADDRESS	/ ZIP CODE	0.45%			
		100	rroll	Sykesvi	lle	YES NO		7503 Gait	her Kd.	2178	4		
) FA	THER'S NAME FIRST	WIDDIE	LAST		15 MOTHER'S MAI			-	. LAS			
4	/	Randolph		Windsor			Ida	Po		rdette			
1		VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT	(TI)		20 So.				
		No		217-34-	0344	Mrs Ann	n Tho	mpson, Mi	ddlebur				
		18 CAUSE OF DEATH (En	nter only one couse pe	fine for (a), (b), or	nd (c'.)	1660 179	N	A 0	Λ .	BETWEEN	MATE INTERVAL ONSET AND DEATH		
			EDIATE CAUSE (a)	DODER	Dom	U.T.1.	110	elastatie	dissusse				
			DUE TO, C	R AS A CONSEQU	E CE OF	-001		1					
		Conditions, if ony, whi	ich (_(b)		V	deliga	You	hon					
		gave rise to immedia couse (a), stating t underlying couse to		R AS A CONSEQU	ENCE OF	9							
		underlying couse to	(c)										
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0											
7	ATIC	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATION WAS PERFORMED)	20g AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS LISED		
	CERTIFICATION				on the state of th			YES NO	IN CERTIFYIN				
1	CER	21a. ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE	Lameston a	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)			
	CAL	(IF EITHER NOTIFY MEDICAL EX	OI DEATH	м.	19								
	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211. LOCATION STREET		CITY OR TO	DWN	COUNTY	STATE		
	2	AT WORK AT WORK						9	0-	24			
	-1	220.1 certify that (1) (this	2)	deceased from	CZ i	3 · 6, 19	750	2. 10_ 2. 3	. 19.	20	that (I) (we) lost		
		saw the deceased all above, (I) (we) (did) (did nati view the bady	ofter dilathi	86 or	nd that in (my) (aur)	apinion d	eath accurred an the d	date and havi a	nd from the c	auses stated		
1		226. SIGNATURE		6		DEGREE			. /	22c. DATE S	SIGNED		
		UV	Sporni	MIXING)		ICIAN [MEDICAL STA		13.2	7-86		
		PHYSICIAN'S NAME	(TAPE OR PRINT)	-	^	220 ADDRESS	1	1 6		11			
		MADO	Ra GOVI	NDAGK	Ho MG	Valle	mon	op Counti	& GAL	JOS!	none.		
	23a B	URIAL, CREMATION, REM				EMETERY OR CREM	ATORY	23d LOCATION	1	OUNTY	STATE		
		Burial	Mar.29	9,1986	Par	klawn		Rockvill		-			
	24 FU	INERAL DIRECTOR	acuonth F	A ADPRESS			250 DATE	REC'D. BY REGISTRAR	25b. REGISTRA				
	1	Olin L. Mol	reswor. ell' 1	.H., Dam	nscus,	, Md.	IVI/	AR 3 1 1986	17	112667V-V			

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4107 Wilkens Ave.

Hubbard Funeral Home, Inc.

(VRA 15, 4)

STATE OF MARYLAND



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N ST.,		certific	ding phy
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND, 21201		e death	e ottene
O1 W.		that th	ed by th
DRDS, 2		require	en signe
AL RECO		he law	hos be
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No.		ONIONIO PO	R Afte
1		DR ATT	Ched for
		SPITAL (VERAL D
		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ours offer death. Page retained by the haspital or attending physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the funeral about be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages Rond 2 should be filled within 72 hours

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2	1 -	STATE		DEPARIM		IEALTH AND MENTAL HY	GIENE O O	0 , .	
4	DEC	REGISTRAR FIRST		WIDDLE	CERTII	TCATE OF DEATH	REG. N		
1		SH FRINTS		V.	TATE A	ASI	20. DATE OF DEATH	MONTH DAY YEAR 7	No HOUR
		NICHO		V •		tway	MARCH 8, 1		N
1	SEX M	ALE	4. RACE WHIT	E	S. DATE (6. AGE (IN YEARS LAST BIR		HOURS MIN.
7.	BIF	THPLACE (STATE OR FOREIGN	76 CITIZENO	F WHAT COUNTRY?	8	- C MENER WARRIES C	9 BALTIMORE CITY O	OR COUNTY OF DEATH	
1		Ohio	TIS		WIDOW				MD
7	В	Y OR TOWN OF DEATH ALTIMORE	(IF NOT IN SI	ANKLIN SQU	JARE	HOSPITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF PROPERTY OF WORK FOR MOST OF PROPERTY OF THE PROPERTY	F WORKING LIFE) INDUSTRY	BUSINESS OR
	3a. S	ATE Md 136 B	AE OR OTHER INSTITUTIO OUNTY BL to.	13 CITY OR TOWN	ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS	n Blvd. 2122	20
14	FA	THER'S NAME				15 MOTHER'S MAIDEN NA	AME		
		FIRST	WIDDIE	littway v		FIRST	WIDDIE	LAST	
10		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS	
		no	, , , , , , , , , , , , , , , , , , , ,	none		Mrs. Caroly	m A. Eldrid	ge 221 Alpine	D4
9	CERTIFICATION	PART 2 OTHER SIGNIFICAL 9a DATE OF OPERATION		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	20a AUTOPSY?	DITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEATH?
1	E E	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	YES THE TEM 18 PART 1 OR PART 2)	NO 🗌
		OR CONTRIBUTING CAUSE OF	DEATH	a.m. month da p.m.	Y YEAR				
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2		22a.1 certify that (1) (this h	nspital) attended t	the decensed from		19		19the	ot (I) (we) los
		sow the deceased alive above, (1) (we) (did) (did	on	19				ote and hour and from the co	
		The Signature	Que	m)		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF 3/1	GNED.
		DR. MICHA	Contract of the Contract of th	RTZ		Eastern B	lvd. Essex,	Maryland	
2.		JRIAL, CREMATION, REMO	VAL 236 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
		Cremation	Mar.12	2, 1986 W	estvi	ew Memorial	Catonsvil	le Balto. M	ld.
B4 2		veral director Leomard J. Ru	ck Inc. 1	Bal timore,	Mary	rland 25a. DA	R 13 1986	255 REGISTRAR'S SIGNA FUE	ndelle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) 20 3 SEX 4. RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IE UNDER 24 HRS MONTH YEAR DAY 20 01 White Male BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Maryland WIDOWEDIX DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Ret.-Optician Universal USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore Maryland 340 Elinor Avenue 21236 NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Wolf Hamlin Clinton M. Josephine 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATEST 216-07-733 Mrs. Eileen A. Bowers 340 Elinor Ave. 21 18 CAUSE OF DEATH (Enter only one couse per line for Ja), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 FICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 270.1 certify that (1) (the basedal) attended the deceased from sow the deceased alive an 1 10 86, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (une) told) (did not view the body after death. 77L DATE 226. SIGNATORE ATTENDING O FUNERAL I THE IAN DIRECTOR PHYSICIAN 22 CPHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Charles O'Donnell, M.D. 823-3161)7501 York Rd. Towson, Md. 21204 0 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 236. DATE 23c NAME OF CEMETERY OR CREMATORY Raltimore, Maryland Burial CITY OF TOWN 3-14-86 Loudon Park Cemetery 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 1401 BelAIR Rd. DHMH - 16 50M 4/83 BALTO.MD. 21236 (VRA 15, 4)

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(VRA 15, 4)

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069033	1.	FOR • STATE REGISTRAR	DEP		ICATE OF DEATH	YGIENE 🞖 💍	0 /	200			
		CEASED NAME FIRST	WIDOLE		AST			YEAR Zh HOUR			
oy be	{ [YPI	Frank	Lee	WOO	DDEN	March 4,	1086	1205pm			
bod de	3. SE		4 RACE	5. DATE (6 AGE (IN YEARS LAST BIR	HOAY] IF UNDER	I YEAR IF UNDER 24 HRS			
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offer o		OSSVILLE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Franklin S	STREET ADORESS!		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Policeman	ON 17b. K F WORKING LIFE) INDU	IND OF BUSINESS OR			
nours be fil	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)				co. orey r			
in 24 h	Ma	aryland Bal	timore Over		YES X NO	6715 Line	len Ave.	21206			
d with	114. F/	THER'S NAME FIRST Frank	MIDDLE LAS WOOD		15. MOTHER'S MAIDEN N Ruth	NAME	Wr	ight			
5 5 5		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	21206			
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physicic physicic movol.		PART I. DEATH WAS CAUS	inly one cause per line for (a), (ED BY	by, and ici.	woun	· Acrest	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH			
d sy cements		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	22010-00-00-00-00-00-00-00-00-00-00-00-00-	COPI)	7 10150					
signe Then p to bur njury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN IN P	ART Iros			
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ottendin ottendin ter this c s the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	wn cour	STATE YIM			
TTENDIN TTOR: At for use of Healt		220.1 certify that (1) (this hosp	oital) attended the deceased f		nd that in (my) (aur) apinio	n death accurred on the do	te and hour and fro	that (I) (we) last			
TAL OR A y the hos RAL DIREC detoched detoched vote Dept		Dunt	Lozher	in		MEDICAL STAF	F	r. 5, 1986			
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TO HOSE should be with the IMPORT.		Anil Sanghe			6919 Har						
	23a. E	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE			
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DHMH - 16 60M 7/84	I'R	THE TECER ALT	ENBURG FUNE	RAL HOM	E. INC. 130. P	ALD 6 100C	CA SHELLINGS SI	GNATURE			

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IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, or other traumotic

etained by the hospital ar

BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				CERTIN				REG. NO.				
		CEASEDNAME	FIRST		AIDDLE	t.	AST		2a DATE OF	DEATH MON	ITH DAY	YEAR	2b. HOL	JR
	(TYPE	OR PRINT)	Wilbu	r	S.	W	orth			3	18	86		м
	3. SE)	Х	5-11	4 RACE		5. DATE C			6. AGE INYE	ARS LAST BIRTHDA		NDER I YEAR	IF UNDER	-
		Male		Whit		7	15	1898	87		YRS		HOURS	MIN,
1		RTHPLACE (STATE O	OR FOREIGN		WHAT COUNTRY	? 8	MARRIED NEVER MARRIED			E CITY OR C	OUNTY OF	DEATH		
5	I.	aryland	1017	USA		WIDOWE	PF D	VORCED [ВАІЛ	TMORE	COUNT	Y		MD.
2		erry Hall	EATH	LIE NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE Tasper La	ET ADDRESS)		TITUTION	(TYPE OF WORK	ccupation for most of wo rintend	PRKING LIFE)	NOUSTRY FA Ta		
5	13a S	ALRESIDENCE (# NI STATE Aryland	13b COU		GIVE RESIDENCE BEFO		13d INSIDE (NO XX		DDRESS / ZII Jasper		212	234	
	14 FA	ATHER'S NAME		MIDDIE	LAST		15 MOTHER	S MAIDEN NA	ME	MIDDLE		LAS	1	factor 1
	1	James			Worth			Anne		R.		Brad	for	d
	16a V	VAS DECEASED EVI		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMA	INT		ADDRESS	The Later			
	()	YES, NO OR UNKNOWN)	(11 125, 01	VE WAR OR DATES!	212-03	-0498	Bonn	ie J. I	Bruff 89	906 Jas	sper I	ane	2123	34
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	ME	WHILE NOT	WHILE O		PEET, FACTORY, OFFICE	FARM, ETC 1	STREE			CITY OR TOWN	CE	COUNTY		STATE
		220.1 certify that			e deceased from							 -		
		saw the dece obave, (I) (we	ased alive or (did)(did no	ot) view the bady	after death.	, ar	nd that in (my	(aur) apinian	death accurred	on the dote of	and hour on	d from the	causes st	oted
		276 SIGNATURE	Ta	in	, Ca.		DEGREE	ATTENDING	MEDICAL LOTRECTOR [STAFF		3/	SIGNED	26
		124 PHYSICIAN'S	NAME THE	OF PRINTS		-	22e ADDRES		- Incorone			1		
		/ Graci	to Pat	ricio, 1	MD (254-	0392)	292	6 Cold	Spring	Lane I	Baltim	ore,	Mary	land
		BURIAL, CREMATIO (SPECIFY) Ruria		236 DATE 3-21			emetery or ount Ce		23d LOCA	TION Balti	nore,	Mary.	Land	STATE
	24 FL	UNERAL DIRECTOR	anes	al Hon	74.00 S	Bel To M	21 E R.	- AND ILL O. I	2 1 293	GISTRAR 256.	REGISTRAF	ES SIGNAT	URE	

00 0004	11.	FOR STATE REGISTRAR			AND MENTAL HYGII	ATH	07202		
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PLEASE ECTOR FILES HOURS	3. SE		5. DATE OF BIRTH	6. AGE (IN YEARS IF UN			3 10.00		
RY, PLE DIREC OUR F 72 HO	0	MW	6/17/26 YEAR	59 YRS.		PRONOUNCED DEAD	MONTH DAY YEAR 2d. HOU		
SSA RAL HIN HIN		SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COU	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO					
NA STANCE OF THE		New Jersey	USA	USA WIDOWED DIVORCED Baltimore Could be a supported by the control of the c					
PELY IS NECESSARY, PLEASE TO THE FUNRRAL DIRECTOR, TAGE 5 FOR YOUR FILES, BE FILED, WITHIN 72 HOURS, SE 201 WERESTON STREET,		Stevenson	(IF NOT IN SUCH FACILITY, GIVE						
in the second	USL	AL RESIDENCE (IF IN NURSING HOME STATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS? 13e S	TREET ADDRESS	21153 Spring Valley Ro		
~ ~ ~ ~	14. 6	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST		
			rhyte Wri	ght	Dorothy		Bull		
	16a.	WAS DECEASED EVER IN U.S. A YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT	ADDRESS	5		
BALTIMO IRS AFTEI GIVE PA WITH FO PAGES		Yes Nav	/ 212	26 3290	Charlotte S	. Wright	, Same		
		18 CAUSE OF DEATH (Enter D PART I DEATH WAS CAUS	nly ane cause per line far (a), (o), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
N ST.,	80		ATE CAUSE (a) ACUE C	Mvocardi	al Infarcti	on	Immediate		
STO ALL	A CO			NSEQUENCE OF					
W. PREST D WITHIN MAINER A TRANSIT ENTAL HY REMOVA		Canditions, if any, which	e (b)						
OT W. LED W. N. PENGEXAMII		lying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF					
S, 301 CECUTE S' IN P AL EX. BURIAL			(c)						
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 STRING THE WORD "PRODIGE" IN TERRIBED TO THE CHIEF MEDICAL EXAMINER ALONER 3 SHOULD BE USED AS A BURIAL "RANSIT PEE E DEPARTMENT OF HEALTH AND MENTAL HYGIE! PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT REI	LATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1 (a).				
PEN A HEAL	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION W	AS PERFORMED?		20. AUTOPSY?		
ITAL SHOU ORD " CHIEF E USE OF H	E SE						YES 🛛 NO 🗓		
DF VITA THE SHC WORD WORD THE CH	対量	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HC	OW INJURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM 18			
ON OF V IFICATE S THE WC TO THE HOULD BI		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH	1 DAY YEAR					
CERTIFICATE TING THE WOED TO THE 3 SHOULD DEPARTMEN	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJUR	Y (AT HOME, 211. LO	CATION				
DIVI E: THIS CE E, WRITIN RWARDEI PAGE 3 STATE DE 21201 PRI	×	WHILE NOT WHILE	STREET, FACTORY, FARM,	ETC.) S	TREET	CITY OR TOWN	COUNTY STATE		
	16	22a. I certify that I taak char	ge of the remains described ab	ave, held an Autap	sy X, Inspection	Inquiry , an	nd in my apinian		
AINER FICAT SE FO CTOR: A THE AND,		death resulted fram: Nat	ural couses . Accident	, Suicide	, Hamicide . Una	determined manner .			
XAAA XAAA XAAA XAAA XAAA XAAA XAAAA XAAAAA XAAAA XAAAAA XAAAA XAAAAA XAAAA XAAAA XAAAA XAAAAA XAAAAAA		24 1	A"		TITLE (SPECIFY)				
AL HOUNT		SIGNATURE APARL	208/a 1	м	DeputyM	EDICAL EXAMINER	DATE SIGNED 3/18/86		
DIC TE T TE T NER NORE	1	EXAMINER'S NAME			Берасу		0/20/00		
TO MEDICAL EXAMINER. EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTMORE, MARYLAND, 2		(TYPE OR PRINT) Sta		enberg M.		Chane St.	21202		
PA P	23a.	BURIAL, CREMATION, REMOVAL	- 11-1	NAME OF CEMETERY O	C	LOCATION ITY OR TOWN	COUNTY STATE		
BP		Cremation		Green Mou		Balto.,	MD		
DHMH - 17 (VR A15 ME (5))			ry W. "Jenkin		25a. DATE REC'D.	BY REGISTRAR 75b. REG			
30M 7/73	49	905 York Road	Balto., MD	21212	448 1	The stand	avideon-Mandalle		

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04/03/86

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY)

Buria:

Druid Ridge Cemetery Pikesville, Balto. Co. Md FBIFADE Henss Funeral Home, P.A. Baltimore 2121150 DATE REC'D. BY REGISTRAR'S SIGNATURE

YEAR

INDUSTRY

2h HOUR

12b. KIND OF BUSINESS OR

Bolt & Nut

LAST

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APPROXIMATE INTERVAL

NOF

22c. DATE SIGNED

21239

Alle H. Zalmbowald and March 31, 1986 Set 5:45 Bat

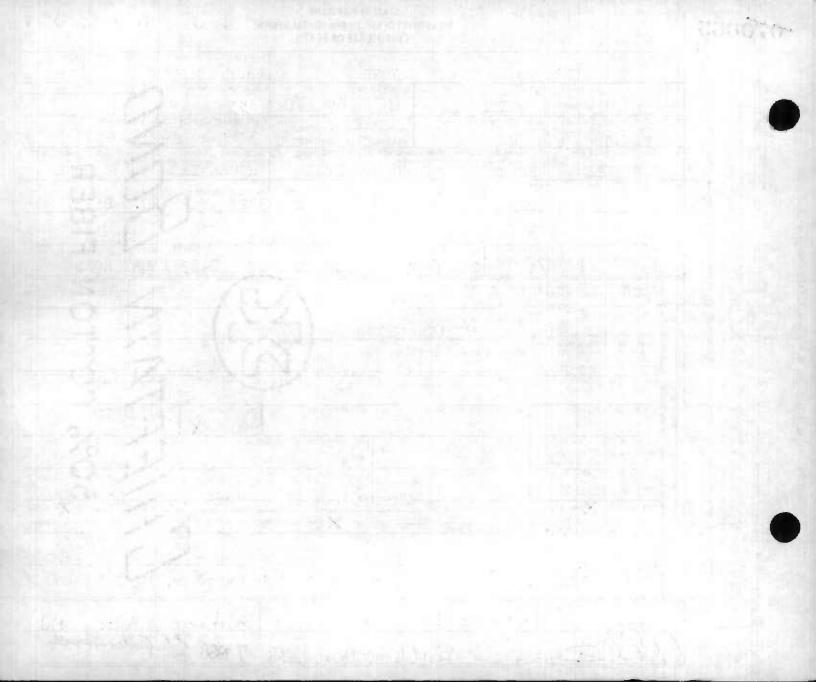
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STATE OF MARYLAND	1.4
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Ö
CERTIFICATE OF DEATH	

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7		CEASED NAME	FIRST		MIDDLE		LAST		2a DATE	OF DEATH	MONTH DA	Y YEAR	26. HOUR
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4 mo	3 SE	<		4 RACE			TE OF BIRTH	Y YEAR		IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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rol de Z2 ho		To BIRTHPLACE (STATE OR FOREIGN COUNTRY)				NTRY? 8 MA	MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH			
e e e		RYLAND TY OR TOWN OF DE	ATH	USA	HOSPITAL N		ME OR OTHER	DIVORCED [timore ALOCCUPAT	County		MD. OF BUSINESS OR
of the control of the	ROSSVILLE			FRANKLIN SQUARE F		HOSPI			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			HOME	
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\$ 2.8 P	14 FA	THER'S NAME FIRST		MIDDLE LAST		15. MOTH	ER'S MAIDEN N	AME				31	
de la		HARRY	- 40		DOERI	NG		ELIZAI	BETH			OLMAN	1
e execu		VAS DECEASED EVE	(IF YES GIVE	WAR OR DATES		LSECURITY			-0.CM	ADDRE		T DO	
e G		NO	N/	'A		64370	RIC	HARD Y	YOST	8425	5 A VER		
		PART I. DEATH \				AILUR						BETWEEN	MATE INTERVAL ONSET AND DEATH
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he low roon. has bee t permit	CERTIFICATION	190 DATE OF OPERA	NOITA	196 COND	ITION FOR W	VHICH OPER	ATION WAS PE	RFORMED	YES [JTOPSY?	206. IF YES, VIN CERTIFYII	NG CAUSES	NGS USED OF DEATH?
CJAN: Th physicio physicio rifficate f ol-fransit tal Hve	CER	210. ACCIDENT WAS UP		21b. TIME O	FINJURY M. MONTH	H DAY Y	21c HOV	/ INJURY OCC	JRRED (ENTE	NATURE OF INJU	RY IN ITEM 18 PAR	I 1 OR PART 2)	
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PHY: thendii the bu	MED	21d INJURY OCCUP		(AT HOME, STE		OFFICE, FARM, ET	211 LOCA	ATION REET		CITY OR TO)WN	COUNTY	STATE
NDING of or other or other or other or		AT WORK NOT W		-1) -444-4-4-4		Feb	wary 4	86	Ma	arch 5		86	
m & C o # =		22a I certify that saw the decea	sed alive on	March 5	• deceased	86	, and that in ((our) opinio	on death occu	rred on the d	ote and hour a		that (we) lost causes stated
OR AT DIRECT DIRECT Oched f If Item 2		276. SIGNATURE	did) (d)d ne	view the body	offer death	0	DEGREE					22c DATE	SIGNED,
SPITAL OF The DISTRIBUTION OF STORE DE CESTORE DE TANT: If It		Ulsh	ley or	X		1	nn	ATTENDING PHYSICIAN	MEDICA DIRECTO	OR PHYSIC	FF CIAN D	13/	5/86
TO HOSPITAL (retained by the TO FUNERAL E should be deto with the State E MMPORTANT: If		Virgina ASHLEY MD, 2226 ADDRESS 9000 Franklin Square Dr.,21237											
5 i 5 i 3 ₹	23a E	URIAL, CREMATION	, REMOVAL	236. DATE		73t NAME	OF CEMETERY (OR CREMATOR	y 23d LC	CATION CITY, OR TOWN		COUNTY	STATE
BP		BURTAT		13/08,	/86	GARI	ENS OF	FAITI	I B	altimo		alto	Md
DHMH - 16 60M 7/84	14 41	INTERAL DIRECTOR			ADD	DRESS ()	Λ	25a D	ATÉ REC'D. B	1006	The REGISTRA	CONTRACTOR	inclass.
(VRA 15, 4)	1	mile	II.	F	10	1111	Juli 14	2. M	AR I	1300			



DHMH - 16 60M 7/84 (VRA 15, 4)

24Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Maryland 20781

Cremation

230 BURIAL CREMATION REMOVAL

(SPECIFY)

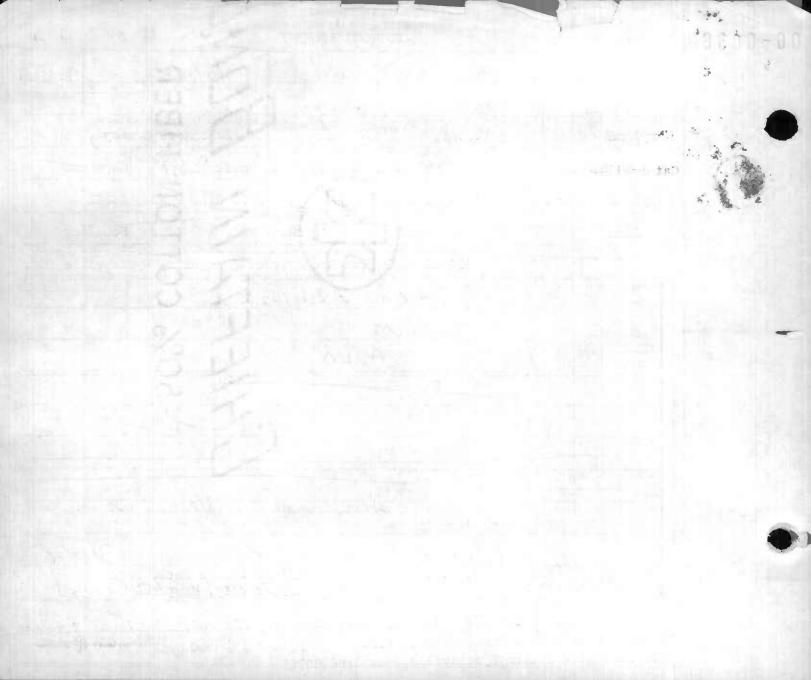
23b DATE

3/10/86

23c NAME OF CEMETERY OR CREMATORY

Metropolitan Crematory Alexandria

COUNTY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

26 HOUR

77.75 171507 11					
SED HAME FIR	SI .	WIDDIE	LAST		4
Wil	liam	J.	Ze	len	Ka
04	4 RACE		5 DATE OF BI	RTH	
Male	9/13		MONTH	DAY	YEAR

6. AGE (IN YEARS LAST BIRTHDAY

20 DATE OF DEATH

IF UNDER TYEAR

TE CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY OR COUNTY OF DEATH

01

OWSOY

Computer Programer 13e STREET ADDRESS / ZIP CODE

Soc. Sec.

- STATE

TYPE ON PE

LSEX

Md A FATHER'S NAME

PART I. DEATH WAS CAUSED BY-

Baltimore

13c. CITY OR TOWN

13d INSIDE CITY LIMITS? YES 🔀 15 MOTHER'S MAIDEN NAME

4355 Shamrock Ave. 21206 Lillian

Blazek

James 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

1136 COUNTY

Zelenka 166 SOCIAL SECURITY NO.

17 INFORMANT

ADDRESS

APPROXIMATE INTERVAL

Yes

(IF YES GIVE WAR OR DATES) WW II

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for ig), (b), and ic

215-12-7565

Colon CANNET

Evelyn Zelenka (sister) same address

Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TORPART 2)

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

M DATE OF OPERATION

21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

211 LOCATION

CITY OR TOWN

200 AUTOPSY?

and that I (our) apinion death occurred on the date and hour and from the causes stated

276. SIGNATURE

10.1 certify that (1) this hospital) attended the deceased from sow the deceased alive an 3/7

Dr. George Lowe

DEGREE

ATTENDING MEDICAL D DIRECTOR PHYSICIAN PHYSICIAN

22c DATE SIGNED

22e ADDRESS

3703 Belair Rd.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL Burial 3/29/86 23¢ NAME OF CEMETERY OR CREMATORY Holy Redeemer

Baltimore

Md. 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL SCHEmunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21218

